### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Swift Creek Health Center  
**Street Address, City, State, Zip Code:** 221 Brightmore Drive, Cary, NC 27511  
**Provider's Plan of Correction**

**(X4) ID PREFIX TAG** | **Summary Statement of Deficiencies** (Each deficiency must be preceded by full regulatory or LSC identifying information) | **(X5) Completion Date**  
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E 000 | Initial Comments  
An unannounced COVID-19 Focused Survey was conducted on 12/29/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# EJ2K11  
F 000 | Initial Comments  
An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/29/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.