A. BUILDING _____________________________  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115

B. WING _____________________________  (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X3) DATE SURVEY COMPLETED  

NAME OF PROVIDER OR SUPPLIER  
ACCORDIUS HEALTH AT SALISBURY

STREET ADDRESS, CITY, STATE, ZIP CODE  
635 STATESVILLE BOULEVARD SALISBURY, NC 28144

X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION DATE

{E 000} Initial Comments
An onsite revisit was conducted on 12/17/2020 and the facility is back into compliance effective 11/27/2020.

{F 000} INITIAL COMMENTS
An onsite revisit was conducted on 12/17/2020 and the facility is back into compliance effective 11/27/2020.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.