STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345502

(X2) MULTIPLE CONSTRUCTION A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
12/16/2020

NAME OF PROVIDER OR SUPPLIER
LAKE PARK NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3315 FAITH CHURCH ROAD
INDIAN TRAIL, NC  28079

(X4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

E 000 Initial Comments
An unannounced COVID-19 Focused Survey was conducted on 12/15/2020; additional information was obtained on 12/16/20 and the exit date was moved to 12/16/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#O1BX11.

F 000 INITIAL COMMENTS
An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/15/2020; additional information was obtained on 12/16/20 and the exit date was moved to 12/16/20. The facility was found 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. Event ID#O1BX11.

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed
01/01/2021

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.