### Statement of Deficiencies and Plan of Correction

- **Provider/Supplier/CLIA Identification Number:** 345305
- **Completed Date Survey:** 12/23/2020
- **Street Address, City, State, Zip Code:** 310 Pensacola Road, Burnsville, NC 28714

#### Summary Statement of Deficiencies

**ID**

**Tag**

**Event ID # SSQ711**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td></td>
<td>An unannounced COVID-19 Focused Survey was conducted on 12/21/2020. Additional information was gathered through 12/23/2020, making the exit date 12/23/2020. 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 # SSQ711.</td>
<td></td>
</tr>
<tr>
<td>F 000</td>
<td>Initial Comments</td>
<td></td>
<td>An unannounced COVID-19 Infection Control Survey was conducted on 12/21/2020. Additional information was gathered through 12/23/2020, making the exit date 12/23/2020. 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# SSQ711.</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature**

- **Title:**
- **Date:** 01/08/2021

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.

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Event ID: SSQ711
Facility ID: 923575
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