## Statement of Deficiencies and Plan of Correction

### A. Building __________

**Provider/Supplier/CLIA Identification Number:** [X1] 345269

**Date Survey Completed:** [X3] 12/29/2020

### B. Wing __________

**Department of Health and Human Services**
**Centers for Medicare & Medicaid Services**
**OMB No. 0938-0391**

**Address:**
1505 Bringle Ferry Road
Salisbury, NC 28146

**Provider's Plan of Correction:** (Each corrective action should be cross-referenced to the appropriate deficiency)

### Summary Statement of Deficiencies

**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.

### Initial Comments

An onsite revisit was conducted on 12/29/2020 and the facility is back into compliance effective 12/5/2020. The Directed Plan of Correction including the Root Cause Analysis was reviewed.

### 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.