A. BUILDING

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345394

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
R 01/22/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
BROOK STONE LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
8990 HIGHWAY 17 SOUTH
POLLOCKSVILLE, NC 28573

(X4) ID PREFIX TAG

(X5) COMPLETION DATE

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEEDED 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)

F 000 INITIAL COMMENTS

A paper follow-up was conducted on 1/22/2021 and the facility is back in compliance effective 1/07/2021. The Directed Plan of Correction including the Root Cause Analysis was reviewed.

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

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.