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 01/21/21 with exit from the facility
01/12/21. Additional information was obtained
through 01/15/21. Therefore the exit date was
changed to 01/15/21. 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 #50XV11.

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection
Control Survey and complaint investigation were
conducted 01/12/21 with exit from the facility
01/12/21. Additional information was obtained
through 01/15/21. Therefore the exit date was
changed to 01/15/21. 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. 5 of the 5 complaint allegations were
not substantiated. Event ID# 50XV11.