**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

**THE CARROLTON OF PLYMOUTH**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**1084 US 64 EAST**

**PLYMOUTH, NC 27962**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td></td>
<td>An unannounced COVID-19 Focused Survey and complaint investigation was conducted on 01/20/2021-01/22/2021. 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# ZSFZ11</td>
</tr>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>The survey team entered the facility to conduct an unannounced COVID-19 Focused Infection Control Survey and complaint investigation on 01/20/2021. Additional information was obtained offsite on 01/21/2021 and 01/22/2021. Therefore, the exit date was 01/22/2021. 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# ZSFZ11 Ten of the 10 complaint allegations were not substantiated.</td>
</tr>
</tbody>
</table>

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

Electronically Signed

01/22/2021

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.