A. BUILDING ______________________

B. WING ____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE
932 OLD US HIGHWAY 70
BLACK MOUNTAIN, NC  28711

ID PREFIX  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)

E 000 Initial Comments
An unannounced COVID-19 Focused Survey was conducted onsite 05/25/21 with exit from the facility on 05/25/21. Additional information was obtained offsite through 05/26/21; therefore, the exit date was changed to 05/26/21. 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# QZ8011.

F 000 INITIAL COMMENTS
An unannounced COVID-19 Focused Infection Control Survey was conducted onsite 05/25/21 with exit from the facility on 05/25/21. Additional information was obtained offsite through 05/26/21; therefore, the exit date was changed to 05/26/21. 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. Event ID# QZ8011.

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.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE  TITLE  (X6) DATE
Electronically Signed  06/07/2021