**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**DATE SURVEY COMPLETED:** 10/01/2021

**NAME OF PROVIDER OR SUPPLIER:** WESLEY PINES RETIREMENT COMM

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 1000 WESLEY PINES ROAD, LUMBERTON, NC 28358

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### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
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</table>

**E 000** Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 9/29/2021 through 10/1/2021. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# J7RQ11.

**F 000** INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 09/29/2021 through 10/1/2021. The facility was found not to be 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# J7RQ11

2 of the 2 complaint allegations were not substantiated.

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

Electronically Signed

**DATE:** 10/14/2021

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.