**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:** Anson Health and Rehabilitation

**Address:** 405 South Greene Street, Anson, NC 28170

**Provider/Supplier/CLIA Identification Number:** 345051

**Date Survey Completed:** 10/13/2021

**Summary Statement of Deficiencies**

**(E000) Initial Comments**

An unannounced COVID-19 Focused Infection Control Survey was conducted 10/12/2021 and continued remotely on 10/13/2021. The facility was found in compliance with 42 CFR 483.73 related to E0024 (b) (6), subpart B Requirements for Long Term Care Facilities. Event # EUMR11.

**(F000) Initial Comments**

An unannounced COVID-19 Focused Infection Control Survey and Complaint investigation was conducted on 10/12/2021 and continued remotely on 10/13/2021. The facility has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and the facility was found in compliance for 8 of 8 complaint allegations. Event # EUMR11.

**Provider’s Plan of Correction**

**Laboratory Director’s or Provider/Supplier Representative’s Signature:**

Electronically Signed 10/22/2021

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.