A. BUILDING _______________________

B. WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345366

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER

GREENDALE FOREST NURSING AND REHABILITATION CENTER

ADDRESS

1304 SE SECOND STREET
SNOW HILL, NC  28580

PROVIDER'S PLAN OF CORRECTION

ID
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PREFIX
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SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

utters of correction action should be cross-referenced to the appropriate deficiency).

E 000 Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 01/25/2022 through 01/26/2022. 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# D5YO11

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 01/25/2022 through 01/26/2022. The facility was found 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.

One of one complaint allegation was not substantiated.

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

ELECTRONICALLY SIGNED

02/04/2022

TITLE

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.