A. BUILDING

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

R-C

05/09/2022

NAME OF PROVIDER OR SUPPLIER

ACCORDIUS HEALTH AT MIDWOOD, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

2727 SHAMROCK DRIVE

ACCORDIUS HEALTH AT MIDWOOD, LLC CHARLOTTE, NC  28205

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(Each deficiency must be preceded by full regulatory or LSC identifying information)

ID PREFIX TAG

F 000

INITIAL COMMENTS

F 000

An onsite revisit was conducted on 05/09/22. The facility is back into compliance effective 04/21/22. Event ID# RFAF13.

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

TITLE

(X6) DATE

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.