

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
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NAME OF PROVIDER OR SUPPLIER DAN E. & MARY LOUISE STEWART H	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SAWMILL ROAD RALEIGH, NC 27615
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/29/2020. The facility was found in compliance with 10 A NCAC 13D .2209 infection control regulations and has implemented the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	L 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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