**SUMMARY STATEMENT OF DEFICIENCIES**

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<th>ID</th>
<th>INITIAL COMMENTS</th>
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| F000 | **Surveyor: 29354**  
A COVID-19 Focused Infection Control Survey was conducted on 5/12/20. Alcester Care and Rehab, Inc. was found in compliance with 42 CFR Part 483.80 infection control regulations: F880, F884, and F885.  
Alcester Care and Rehab, Inc. was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).  
Total residents: 41 |

**ID PREFIX TAG**

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**THE FACILITY MUST CORRECT EACH DEFICIENCY AND PROVIDE AN ADEQUATE PLAN OF CORRECTION**

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

Administrator  
5/19/20

**Note:** 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 patient. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey or not a plan of correction is provided. For nursing homes, the findings stated above and the plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are noted an adequate plan of correction is requisite to continued program participation.