

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Quick Report Entire Survey

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE PINE RIDGE HEALTH AND REHABILITATION CE 706 PINEYWOOD RD THOMASVILLE, NC 27360	(X3) DATE SURVEY COMPLETED 12/06/2012
--	--	---

F 000 INITIAL COMMENTS

There were no deficiencies cited as a result of complaint no. 85065, Event No. ZPQU11.