NT OF HEALTH A	DEPARTMENT OF HEALTH AND HUMAN SERVICES				FORM APPROVED	
CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391		
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	0.54.5			С		
				12	12/31/2013	
DER OR SUPPLIER						
/ER NURSING AND	REHABILITATION CENTER					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		COMPLETION	
00 INITIAL COMMENTS		F 000				
CTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNATU	JRE	TITLE		(X6) DATE 01/23/2014	
	OR MEDICARE 8 EFICIENCIES RRECTION DER OR SUPPLIER /ER NURSING AND SUMMARY S (EACH DEFICIEN REGULATORY OF TIAL COMMENT O deficiencies wer mplaint investigat	OR MEDICARE & MEDICAID SERVICES EFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345145 DER OR SUPPLIER ////////////////////////////////////	OR MEDICARE & MEDICAID SERVICES FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTPLE IDENTIFICATION NUMBER: A BUILDING	OR MEDICARE & MEDICAID SERVICES EFICIENCIES (1) PROVIDERSUPPLIERCELIA (2) MULTIPLE CONSTRUCTION A BUILIDING	OF DEFAULTH AND HUMANN SERVICES OR MON GR MEDICARES & MEDICAD SERVICES OK MIN FROETION UDENTIFICATION NUMBER OC MULTIPLE CONSTRUCTION (20) ORT RECTION 345146 NUMBER MIN DEF OR SUPPLIER THEET ADDRESS, OTV, STATE, JP CODE (20) DEF OR SUPPLIER THEET ADDRESS, OTV, STATE, JP CODE (20) SUMMARY STATEMENT OF DEFICIENCIES IN THEET ADDRESS, OTV, STATE, JP CODE SUMMARY STATEMENT OF DEFICIENCIES IN PREFIX CROSS-REFERENCE OF THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES IN PREFIX CROSS-REFERENCE OF THE APPROPRIATE TIAL COMMENTS IN F000 F000 F000	

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.

PRINTED: 01/24/2014