CENTERS FOR MEDICADE & MEDICADE SERVICES OMB NO. 0938-0391   INDERVIEWOP CONCENCION INDERVIEWOP MURDIAL INDERVIEWOP MURDIAL   INDERVIEWOP CORRECTION INDERVIEWOP MURDIAL INDERVIEWOP MURDIAL   INDE OP PROVIDER OR SUPPLIER INDERVIEWOP MURDIAL INDERVIEWOP MURDIAL   INDE OP PROVIDER OR SUPPLIER INDERVIEWOP MURDIAL INDERVIEWOP MURDIAL   INDE OP PROVIDER OR SUPPLIER INDERVIEWOP MURDIAL INDERVIEWOP MURDIAL   INDE OP PROVIDER OR SUPPLIER INDERVIEWOP MURDIAL INDERVIEWOP MURDIAL   IELDERBERRY HEALTH CARE INDE OP PROVIDER TA NOT CORRECTION INDE OP PROVIDER TA NOT CORRECTION   IELDERBERRY HEALTH CARE INDE OP PROVIDER TA NOT CORRECTION IELDERBERRY HEALTH CARE   IELDERBERRY HEALTH CARE INDE OP PROVIDER TA NOT CORRECTION IELDERBERRY HEALTH CARE FREE   IELDERBERRY HEALTH CARE INDE OP PROVIDER TA NOT CORRECTION IELDERBERRY HEALTH CARE FREE TO THE PROVIDER TA NOT CORRECTION   IRECULATION OF LISE OR TRUNCT ON LISE OF T	DEPARTI	DEPARTMENT OF HEALTH AND HUMAN SERVICES							
AND PLAN DE CORRECTION     IDENTIFICATION NUMBER:     A BUILDING     COMPLETED       345319     INVIRG     ISTREET ADDRESS, 0TY, STATE_ZIP CODE     STREET ADDRESS, 0TY, STATE_ZIP CODE       ELDERBERRY HALTH CARE     STREET ADDRESS, 0TY, STATE_ZIP CODE     STREET ADDRESS, 0TY, STATE_ZIP CODE       PRETIX     SUMMAY STATEMENT OF DEFICIENCIES     STREET ADDRESS, 0TY, STATE_ZIP CODE     STREET ADDRESS, 0TY, STATE_ZIP CODE       PRETIX     SUMMAY STATEMENT OF DEFICIENCIES     STREET ADDRESS, 0TY, STATE_ZIP CODE     STREET ADDRESS, 0TY, STATE_ZIP CODE       PRETIX     SUMMAY STATEMENT OF DEFICIENCIES     STREET ADDRESS, 0TY, STATE_ZIP CODE     STREET ADDRESS, 0TY, STATE_ZIP CODE       PRETIX     SUMMAY STATEMENT OF DEFICIENCIES     STREET ADDRESS, 0TY, STATE_ZIP CODE     STREET ADDRESS, 0TY, STATE_ZIP CODE       PRETIX     SUMMAY STATEMENT OF DEFICIENCIES     SUMMAY STATEMENT OF DEFICIENCIES     INTEL COMMENTS     INTEL COMMENTS     Conserver, TATE     STREET ADDRESS, 0TY, STATE_ZIP CODE       F 000     INITIAL COMMENTS     F 000     F 000     INITIAL COMMENTS     INTEL PROTOCOMENTS     INTEL PROTOCOMENT									
346319 9. MINO 03/12/2014   NAME OF PROVIDER OR SUPPLIER   ELECREERRY LARE STREET ADDRESS. CUT'S VARE_UP CODE   STREET ADDRESS. CUT'S VARE_UP CODE   CODE   CODE   STREET ADDRESS. CUT'S VARE_UP CODE   CODE SUPPLIER   CODE   STREET ADDRESS. CUT'S VARE_UP CODE   CODE SUPPLIER   CODE SUPPLIER   SUMMARY STREEMENT OF DEFICIENCES   CODE SUPPLIER   CODE SUPPLIER   REGULTION CODESCIENCE   CODE SUPPLIER   CODE SUPPLIER   CODE SUPPLIER   CODE SUPPLIER   REGULTION CODESCIENCE   CODE SUPPLIER   CODE SUPPLIER   CODE SUPPLIER   CODE SUPPLIER <td c<="" td=""><td colspan="2"></td><td></td><td></td><td colspan="2"></td><td colspan="2">COMPLETED</td></td>	<td colspan="2"></td> <td></td> <td></td> <td colspan="2"></td> <td colspan="2">COMPLETED</td>							COMPLETED	
NMLE OF PROVIDER OR SUPPLIER     STREET ADDRESS, OTT, STREE, JP CODE       ELDERBERRY HEALTH CARE     MARSHALL, NC 28753       (W1) 0 PHETIX     SUMMARY STATEMENT OF DEPICIENCIES (CADI DEPICIENT WASTE DEPICIENCIES OF YOUL TAG     IPONDERS PLANOF CORRECTION (CADI DEPICIENT WASTE DEPICIENCIES) (CADI DEPICIENT WASTE DEPICIENCIES (CADI DEPICIENT WASTE DEPICIENCIES (CADI DEPICIENCY ON LISC DEMINIFIES INFORMATION)     IPON PRETIX TAG     PROVIDERS PLANOF CORRECTION (CADI CARENT ACTION STICLUD DE CROSS-REPERENT ACTION STICLUD DE CROS			345319	B. WING		03			
ELDERBERRY HEALTH CARE     MARSHALL, NC 28753       (M) ID PHEERX TAG     SUMMARY STATEMENT OF DEFIDINCIES (SAU DEFICIENT WAST THE DEFIDINCIES (SAU DEFICIENT WAST THE DEFIDINCIES (SAU DEFICIENT WAST THE DEFIDINCIES (SAU DEFICIENT WAST THE DEFIDINCIES (SAU DEFICIENT)     PROVIDERS HAN OF CORRECTION (SAU DEFICIENT)     COMPANY (SAU DEFICIENT)       F 000     INITIAL COMMENTS     F 000     F 000     INITIAL COMMENTS     F 000	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
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PREFIX TAO     IEACH CORRECTIVATION SHOULD BE REGULTIORY OR USE DENTIFYING INFORMATION)     PREFIX TAG     CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFDENCY     COUNTING DEFDENCY       F 000     INITIAL COMMENTS     F 000					MARSHALL, NC 28753				
No deficiencies were cited as a result of the complaint investigation. Event ID #5MNO11.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION		
complaint investigation. Event ID #5MNO11.	F 000	INITIAL COMMENTS		F	F 000				

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.

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