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

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MANNE OF PROVIDER OR SUPPLIER LENOIR HEALTHCARE CENTER LENOIR MEALTHCARE CENTER USUMARY STREEMEN OF DEPTICEMENTS LENOIR, NO 28845 LEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER LENOIR HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 322 NUWAY CIRCLE LENOIR, NC 28645 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOUR INITIAL COMMENTS FOUR STREET ADDRESS, CITY, STATE, ZIP CODE 322 NUWAY CIRCLE LENOIR, NC 28645 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE COMPLETION DATE FOUR INITIAL COMMENTS FOUR INITIAL COMMENTS FOUR INITIAL COMMENTS FOUR INITIAL COMMENTS			245420					
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			as result of survey event					

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.

Electronically Signed

08/08/2014