DEPARTMENT OF HEALTH AND HUMAN SERVICES					FORM APPROVED	
RS FOR MEDICARE &					O. 0938-0391	
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
	345388			C 04/25/2014		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
			620 TOM HUNTER RD			
WOODS NORSING AND	KENAD		CHARLOTTE, NC 28256			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF COR	PROVIDER'S PLAN OF CORRECTION (X5)		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION DATE	
		IAG	DEFICIENCY)			
No deficiencies were	cited as a result of the	FO	00			
			TITLE		(X6) DATE	
	RS FOR MEDICARE & OF DEFICIENCIES F CORRECTION PROVIDER OR SUPPLIER WOODS NURSING AND I SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS No deficiencies were complaint investigatio	AS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345388 PROVIDER OR SUPPLIER 345388 WOODS NURSING AND REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID #RDXG11.	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN 345388 B. WING PROVIDER OR SUPPLIER B. WING WOODS NURSING AND REHAB ID SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 0 No deficiencies were cited as a result of the F 0	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDERSUPLEINCLIA (X2) MULTIPLE CONSTRUCTION JBENTIFICATION MURBER A SUILDING	SS FOR MEDICARE & MEDICAID SERVICES OMEN OF DERIGENCIES (X1) PROVIDERSUPPLIERCULA UBENTICATION NUMBER (X2) MULTIPLE CONSTRUCTION A BUILDING (X2) MULTIPLE CONSTRUCTION 343388 IS. WING (X2) MULTIPLE CONSTRUCTION A BUILDING (X2) MULTIPLE CONSTRUCTION WOODS NURSING AND REHAB STREET ADDRESS, CITY, STATE, 2017 CODE (S2) TOM HUNTER ND CHARLOTTE, NO. 23266 (X2) MULTIPLE CONSTRUCTION SECOND SECOND CHARLOTTE, NO. 23266 WOODS NURSING AND REHAB ID (READ CONSTRUCTION CONSTRUCTION) ID (READ CONSTRUCTION SECOND SECOND CHARLOTTE, NO. 23266 INITIAL COMMENTS ID (READ CONSTRUCTION CONSTRUCTION) ID (READ CONSTRUCTION SECOND SE	

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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