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

PRINTED: 01/16/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LUMBERTON (X4) ID PRIEFIX TAG FOR INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 1/15/15. Event ID QWU011. Intake #NC00103066, NC00103059, NC00103358, NC00102969.	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 GOLDEN LIVINGCENTER - LUMBERTON (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 1/15/15. Event ID QWUO11. Intake #NC00103066, NC00103059,									
GOLDEN LIVINGCENTER - LUMBERTON (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 1/15/15. Event ID QWUO11. Intake #NC00103066, NC00103059,	345234			B. WING			01/15/2015		
CAU ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REgulation Summary Statement of Deficience of the Appropriate Tag Provider's Plan of Correction (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F 000 INITIAL COMMENTS F 000	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRES	SS, CITY, STATE, ZIP CODE			
COMBERTON, NC 28358 COMBERTON, NC 28358	COLDEN LIVENCE TER LUMBERTON				1555 WILLIS AV	√ENUE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 1/15/15. Event ID QWUO11. Intake #NC00103066, NC00103059,	GOLDEN LIVINGCENTER - LUMBERTON				LUMBERTON, NC 28358				
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		this complaint investigation in the Event ID QWUO11 Intake #NC001030	stigation survey of 1/15/15. 66, NC00103059,						

Electronically Signed

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE