CENTERS FOR MEDICARE & ME X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE	(X3) DATE SURVEY
		ALLEGHANY CENTER	COMPLETED
	345261	179 COMBS STREET SPARTA, NC 28675	11/18/2015
E 000	DUTILL COLORS	STERRIS TO MOUTO	
F 000	INITIAL COMMENTS		
	No deficiencies were cited a	s result of the complaint investigation. Event ID #M56Q11.	

oQuickReport.rpt 03179