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

PRINTED: 01/28/2016 FORM APPROVED OMB NO. 0938-0391

NAME OF PROMOBER OR SUPPLIER  GOLDEN LIVINGCENTER - CHARLOTTE  STREET ADDRESS, CITY, STATE, ZIP CODE 2916 EAST STH STREET CHARLOTTE, NO 28294  PRIGHT CHARLOTTE, NO 28294  PRICHARLOTTE, NO 28294  PROMISES LALA OF CORRECTION  INSTALL CHARLOTTE, NO 28294  PROMISES LALA OF CORRECTION  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY)  PROMISES LALA OF CORRECTION  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY  DEFICIENCY  DEFICIENCY  PROMISES LALA OF CORRECTION  CROSS-REFERENCE TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY  DEFICIENCY  TAG  ONLY IN THE CROSS-REFERENCE TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY  DEFICIENCY  TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY  TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY  TO THE APPROPRIATE  CROSS-REFERENCE TO THE APPROPRIATE  CROSS-RE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - CHARLOTTE  (PA) ID  (PA) IN  (PA			345201					
GOLDEN LIVINGCENTER - CHARLOTTE  (M4) ID PREPIX SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MAST BE PRECEDED BY PULL TAG (CACH DEFICIENCY MAST BE PRECEDED BY POWNERS TO AN ARCHITECTURE AND TAG (CACH DEFICIENCY MAST BE PRECEDED BY POWNERS TO AN ARCHITECTURE AND TAG (CACH DEFICIENCY MAST BE PRECEDED BY POWNERS TO AN ARCHITECTURE AND TAG (CACH DEFICIENCY MAST BE PRECEDED BY POWNERS TO AN ARCHITECTURE AND TAG (CACH DEFICIENCY MAST BY PROCEDURE AND TAG							01/13/2016	
CHARLOTTE, NC 28204    CAN   ID   PROVIDERS PLAN OF CORRECTION   PROPRIETY   PROVIDERS PLAN OF CORRECTION   CAN   ID   PROPRIETY   PROVIDERS PLAN OF CORRECTION   CAN   ID   PROPRIETY   PROVIDERS PLAN OF CORRECTION   CAN   ID   PROVIDERS PLAN OF CORRECTION   CAN   CAN   ID   PROVIDERS PLAN OF CORRECTION   CAN								
PREFIX TAG  (CACH DEPICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC IDENTIFYING INFORMATION)  F 000  INITIAL COMMENTS  No deficiencies were cited as a result of the Complaint Investigation. Event ID #TDBY11.	GOLDEN LIVINGCENTER - CHARLOTTE							
No deficiencies were cited as a result of the Complaint Investigation. Event ID #TDBY11.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	( ( CR	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
Complaint Investigation. Event ID #TDBY11.	F 000	INITIAL COMMENTS		F	000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE								
						TITLE		(X6) DATE

**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.