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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS KANNAPOLIS, NO 28081 (24.1) (2	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) There were no deficiencies cited as a result of the licensure complaint investigation survey of	AND I LAN OF CONNECTION		IDENTIFICATION NOMBER.	A. BUILDING:		CONIL	LILD	
BIG ELM RETIREMENT AND NURSING CENTERS 1285 WEST A STREET KANNAPOLIS, NC 28081 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) L 000 INITIAL COMMENTS There were no deficiencies cited as a result of the licensure complaint investigation survey of			NH0471	B. WING		01/14/2016		
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licensure complaint investigation survey of	L 000	- 000 INITIAL COMMENTS						
		There were no deficie	encies cited as a result of the nvestigation survey of					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE