NUMBER    OP/DEFINITE/CONTRUCTION	DEPARTMENT OF HEALTH AND HUMAN SERVICES							RM APPROVED	
NUME PLAN OF CONSECTION    IDENTIFICATION NUMBER:    A BUILDING    COMPLETE      345363    B. WIX0    STREET ADDRESS, CLI Y, SATE, ZP COULE    C      700    STREET ADDRESS, CLI Y, SATE, ZP COULE    250 25 NC 119    250 25 NC 119      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    250 25 NC 110    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    250 25 NC 110    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    250 25 NC 110    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    250 25 NC 110    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    250 25 NC 110    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    COMPLETE    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    COMPLETE    COMPLETE      PREPARE    STREET ADDRESS, CLI Y, SATE, ZP COULE    COMPLETE    COMPLETE      F000    INTIAL COMMENTS    F 000    F 000    F 000      No deficiencies were cled as a result for the compliant investigation Event ID # LEK 211.    F 000    F 000    F 000    F 000	CENTERS FOR MEDICARE & MEDICAID SERVICES								
VALUE CT    Q02/26/2016      NAME OF PROVIDER OR SUPPLIER    STREET ADDRESS, CITV, STATE, 20* COLE      THE PRESETTERIAN HOME OF HAMFIELDS    STREET ADDRESS, CITV, STATE, 20* COLE      UPUID (CALD DEFCIENCY OR LSCIENTPYING INFORMATION)    PREEX    CROSS HEPERADOR CONSIDER LAN OF CORRECTION.    COLE      PREEX    (CROSS HEPERADOR CONSIDER LAN OF CORRECTION.    COLE    COLE    COLE      PREEX    (CROSS HEPERADOR CONSIDER LAN OF CORRECTION.    COLE    C	AND PLAN OF CORRECTION							COMPLETED	
NUMBE OF PROVIDER OR SUPPLIER    STREET ADDRESS, CITY, STATE, ZIP CODE      THE PRESBYTEINAN HOME OF HAWFIELDS    2028 NO 119      VPH (V)    SUMMARY STATEMENT OF DEFICIENCIES    IN ELANE, NC 27392      PRETX    RECAULTORY OR LACIDENTIFYING INFORMATION    ID    PROVIDERS PLAN OF CORRECTION (SO PROVIDER)    CORPT FIGURATION      TAG    RECULATORY OR LACIDENTIFYING INFORMATION    ID    PREVIDENCIFY    CROSS REFERENCED TO THE APPROPRIATE    CORPT FIGURATION      TAG    NO deficiencies were cited as a result for the complaint investigation Event ID # LEK211.    F 000    F 000    INITIAL COMMENTS    F 000    INITIAL COMMENTS    IDEFICIENCE    CROSS REFERENCED TO THE APPROPRIATE    CORPT FIGURATION    CORPARCINENT FIGURATION    CORPARCINENT FIGUR			345363	B. WING			02		
THE DEBUTIERIUM INDUCTION OF DEFICIENCIES    DEBUNE, NC 2302      V(N)// TKS    VEXPUESTIENTIME OF DEFICIENCIES    In    PROVIDERS HANG CORRECTION STOLLD BE (PROCENEE TITLE ACTION STOLLD BE (PROCENEE TITLE ACTION STOLLD BE DEFICIENCY)    V(N)      F 000    INITIAL COMMENTS    F 000      No deficiencies were cited as a result for the complaint investigation Event ID # LEK211.    F 000	NAME OF PROVIDER OR SUPPLIER				STREE	ET ADDRESS, CITY, STATE, ZIP CODE	•		
Imperior    Summary statement or deficiencies (EACH OERCIDAY OR LSC IENTIFYING INFORMATION)    PREFIX TAG    PROVE (EACH OERCIDAY CRUCE) ON LSC IENTIFYING INFORMATION)    DEFICIENCY TAG    CACH OERCIDAY CACH OERCIDAY OR LSC IENTIFYING INFORMATION)    DEFICIENCY (CACH OERCIDAY OER					2502 \$	5 NC 119			
migring TAG    CEACH DEPICIENCY MUST BE PRECEDED BY FULL REQUUITED TO THE APPOPRIATE    CEACH CORRECTIVE CONCENTION HOLD BE CROSS REFERENCED TO THE APPOPRIATE DEFICIENCY    Constraint	INC FRE		AWFIELDS		MEBA	ANE, NC 27302			
No deficiencies were cited as a result for the complaint investigation Event ID # LEK211.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	ON SHOULD BE COMPLETION HE APPROPRIATE DATE		
complaint investigation Event ID # LEK211.	F 000	INITIAL COMMENTS		F	000				
	(X6) DATE 03/02/2016								

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.