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

PRINTED: 05/11/2016 FORM APPROVED OMB NO. 0938-0391

	1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345388	B. WING _		04	C J /01/2016
NAME OF PROVIDER OR SUPPLIER HUNTER WOODS NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 620 TOM HUNTER ROAD CHARLOTTE, NC 28256	, ,	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
This complaint invest 3/31/16 and continued of the complaint invest pending the receipt of event was concluded phone call on 4/7/16. No deficiencies were complaint investigation	tigation was begun one d on 4/1/16. The conclusion stigation was delayed if hospital records. This with an exit interview via cited as a result of the in Event ID#HQXQ11.				
DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	:	TITLE		(X6) DATE
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS This complaint invest 3/31/16 and continued of the complaint invest pending the receipt of event was concluded phone call on 4/7/16. No deficiencies were complaint investigation	A 345388 ROVIDER OR SUPPLIER WOODS NURSING AND REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This complaint investigation was begun one 3/31/16 and continued on 4/1/16. The conclusion of the complaint investigation was delayed pending the receipt of hospital records. This event was concluded with an exit interview via phone call on 4/7/16. No deficiencies were cited as a result of the complaint investigation Event ID#HQXQ11.	A. BUILDIN 345388 B. WING _ ROVIDER OR SUPPLIER WOODS NURSING AND REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG INITIAL COMMENTS This complaint investigation was begun one 3/31/16 and continued on 4/1/16. The conclusion of the complaint investigation was delayed pending the receipt of hospital records. This event was concluded with an exit interview via phone call on 4/7/16. No deficiencies were cited as a result of the	A BUILDING 345388 BONDER OR SUPPLIER WOODS NURSING AND REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.S. IDENTIFYING INFORMATION) This complaint investigation was begun one 3/31/16 and continued on 4/1/16. The conclusion of the complaint investigation was delayed pending the receipt of hospital records. This event was concluded with an exit interview via phone call on 4/7/16. No deficiencies were cited as a result of the complaint investigation Event ID#HQXQ11.	A BUILDING 345388 B. WING COMMERCENT SUPPLIER WOODS NURSING AND REHAB SUMMARY STATEMENT OF DEPOIENCIES (EACH OPERICEMENT WIST SEE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This complaint investigation was begun one 3/31/16 and continue was delayed pending the receipt of hospital records. This event was concluded with an ext interview via phone call on 4/7/16. No deficiencies were cited as a result of the complaint investigation Event ID#HQXQ11.

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

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.

05/05/2016