CENTERS FOR MEDICARE & N	MEDICAID SERVICES	Quien respect zinure survey
X1) PROVIDER/SUPPLIER/CLIA	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE	(X3) DATE SURVEY
IDENTIFICATION NUMBER:	HUNTERSVILLE OAKS	COMPLETED
345096	12019 VERHOEFF DRIVE	09/05/2017
	HUNTERSVILLE, NC 28078	
F 000 INITIAL COMMENT	S	•
No deficiencies were cite	d as a result of the Complaint Investigation. Event 22UH11.	

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