F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/30/2018	
	NH0547				
ROVIDER OR SUPPLIER					
ORIA PLACE					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
L 000 INITIAL COMMENTS		L 000			
	ROVIDER OR SUPPLIER DRIA PLACE SUMMARY S (EACH DEFICIENT REGULATORY OR INITIAL COMMENTS No deficiencies were	NH0547 ROVIDER OR SUPPLIER STREET A PRIA PLACE 1770 OA GASTOI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	NH0547 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE DRIA PLACE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054 ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INITIAL COMMENTS L 000 No deficiencies were cited as a result of this L 000	NH0547 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DRIA PLACE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN INITIAL COMMENTS L 000 L 000	NH0547 B. WING Ot ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 01 DRIA PLACE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054 01 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS L 000 00

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