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483.25(I)		Completed	Reg. #	483.45(g)(h)(1)(	Completed	Reg. #		Com	pleted		
F0695		Correction	ID Prefix	F0761	Correction	ID Prefix		Corre	ection		
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to show those and the date s	deficiencie uch correc	es previously repetive action was	orted on the accomplished	CMS-2567, Sta d. Each deficie	atement of Deficiencies a ncy should be fully ident	and Plan of Correction ified using either the	n, that have regulation o	r LSC			
						KINSTON, NC 28504					
NAME OF FACILITY  NC STATE VETERANS HOME-KINSTON											
	Y1	B. Wing					Y2	8/28/2018	Y3		
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTION NUMBER A. Building								DATE OF REVI	SIT		
	N. 1.4. /			IFICATION	ON REVISIT F	REPORT		In the or new			
	FO695 483.25(i)	FO695  483.25(i)  REVIEW  REVIEW  REVIEW  REVIEW  PACILITY  FACILITY  E VETERANS HOME-KIN  t is completed by a quality to show those deficiencies and the date such correct and the identificate report form).	ATION NUMBER YI ALION NUMBER ALION NUMBER YI ALION NUMBER ALION NUMBER YI ALION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing  FACILITY E VETERANS HOME-KINSTON  It is completed by a qualified State surveyor for the Me os show those deficiencies previously reported on the and the date such corrective action was accomplished bumber and the identification prefix code previously streport form).    DATE	MULTIPLE CONSTRUCTION A Building B. Wing  FACILITY E VETERANS HOME-KINSTON  To show those deficiencies previously reported on the CMS-2567, Stand the date such corrective action was accomplished. Each deficiency report form).    DATE	ATION NUMBER / Y1 MULTIPLE CONSTRUCTION A Building B. Wing  FACILITY EVETERANS HOME-KINSTON  STREET ADDRESS, 4, 2150 HULL ROAD KINSTON, NC 28504  tis completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Labora os show those deficiencies previously reported on the CMS-2567. Statement of Deficiencies and the date such corrective action was accomplished. Each deficiency should be fully ident number and the identification prefix code previously shown on the CMS-2567 (prefix codes streport form).    DATE	MULTIPLE CONSTRUCTION A Building B. Wing  FACILITY E VETERANS HOME-KINSTON  STREET ADDRESS, CITY, STATE, ZIP COD 2159 HULL ROAD KINSTON, NC 28504  Lit is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement At o show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of ea report form).    DATE	A Building B. Wing S.	ACULTY Sulfiding State State Surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments on show those deficiencies previously reported on the CMS-2567. Statement of Deficiencies and Flein or Correction that have been and the date such corrective action or USC sumber and the idea such corrective action or USC sumber and the idea such corrective action or USC sumber and the idea such corrective action or USC sumber and the idea such corrective action or USC sumber and the idea such corrective action or USC sumber and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on report form).    DATE		

7/20/2018

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO