CENTERS FOR MEDICARE & MEDICARD SERVICES ONE INC.0938-03 MARTANER OF CORRECTION (1) ERVIDER/UNPLICATION NUMBER: (2) MULTIPLE CONSTRUCTION (2) MULTIPLE CONSTRUCTION MARE OF PROVIDER OR SUPPLIER 345423 ISTREET ADDRESS, CITY, STATE, 2P CODE. (2) MULTIPLE CONSTRUCTION WILSON REHABILITATION AND NURSING CENTER STREET ADDRESS, CITY, STATE, 2P CODE. (2) MULTIPLE CONSTRUCTIVE ADDRESS (2) MULTIPLE CONSTRUCTIVE ADDRESS NOT CONS	DEPARTMENT OF HEALTH AND HUMAN SERVICES							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED A. BUILDING					CONCTOUCTION			
Image: Name of provider or supplier Street address, city, state, zip code WILSON REHABILITATION AND NURSING CENTER STREET ADDRESS, City, state, zip code (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (x5) COMPLETIO DATE F 000 INITIAL COMMENTS F 000 A paper follow up was conducted on 11/07/18and the facility is back into compliance effective F 000						COMPLETED		
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		the facility is back into						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE			SUPPLIER REPRESENTATIVE'S SIGNATUR	F	TITLE		(X6) DATE	

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.

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