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

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R 345355 B. WING NAME OF PROVIDER OR SUPPLIER GRAHAM HEALTHCARE AND REHABILITATION CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL R STREET ADDRESS, CITY, STATE, ZIP CODE 811 SNOWBIRD ROAD ROBBINSVILLE, NC 28771 (EACH CORRECTION SHOULD BE COMPL C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER GRAHAM HEALTHCARE AND REHABILITATION CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [F 000] INITIAL COMMENTS On October 19, 2018, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit (paper follow up). The facility was found to be in compliance							1	
GRAHAM HEALTHCARE AND REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) (F 000) INITIAL COMMENTS On October 19, 2018, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit (paper follow up). The facility was found to be in compliance			345355	B. WING	B. WING		12/04/2018	
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ROBBINSVILLE, NC 28771	GRAHAM HEALTHCARE AND REHARILITATION CENTER				811 SNOWBIRD ROAD			
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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.