				OMB NO. 0938-0391
CORRECTION	IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	345457	B. WING		C 01/02/2019
OVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	
IEALTH CARE CENTER				
D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
INITIAL COMMENTS		F 000		
	SUPPLIER REPRESENTATIVE'S SIGNATU		TITLE	(X6) DATE
	E FOR MEDICARE & I DEFICIENCIES CORRECTION OVIDER OR SUPPLIER EALTH CARE CENTER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENTS There were no deficie survey I08P11 conduct	POR MEDICARE & MEDICAID SERVICES         POEFICIENCIES         CORRECTION         (1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         345457    OVIDER OR SUPPLIER EALTH CARE CENTER EALTH CARE CENTER EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS There were no deficiencies cited during the survey I08P11 conducted on 01/02/19	SPOR MEDICARE & MEDICAID SERVICES         POFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPL         JUDENTIFICATION NUMBER:       A BUILDING         345457       B. WING         CONDER OR SUPPLIER       Image: Construction of the provide of the	SPEN MEDICARE & MEDICAID SERVICES         DEFICIENCIES       (X1) PROVIDERSUPPLIERCILA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING         OVIDER OR SUPPLIER       ISTREET ADDRESS, CITY, STATE, 2P CODE 2005 LYON STREET GASTONIA, NC 20052         IEALTH CARE CENTER       STREET ADDRESS, CITY, STATE, 2P CODE 2005 LYON STREET GASTONIA, NC 20052         SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRECIN TAG         INITIAL COMMEINTS       F 000

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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## DEDADTMENT OF LIFALTU AND LUNAAN SEDVICES