DEPARTMENT OF HEALTH AND HUMAN SERVICES				FORM APPROVED		
CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391	
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMF	(X3) DATE SURVEY COMPLETED	
	345146	B. WING			C /06/2019	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BETHANY WOODS NURSING AND REHABILITATION CENTER			426 OLD SALISBURY ROAD BOX 1250			
	REHABIENATION GENTER	AL	BEMARLE, NC 28002			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	ON SHOULD BE COMPLETION HE APPROPRIATE DATE		
INITIAL COMMENTS		F 000				
	SUPPLIER REPRESENTATIVE'S SIGNATU	IRE	TITLE		(X6) DATE 02/07/2019	
	S FOR MEDICARE & OF DEFICIENCIES F CORRECTION ROVIDER OR SUPPLIER WOODS NURSING AND SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS No deficiencies were complaint investigation ID# X56Y11.	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 2/6/19. Event ID# X56Y11.	SFOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDERSUPPLIER/CLIA (X2) MULTIPLE (A. BUILDING_ IDENTIFICATION NUMBER: 345146 B. WING	SPOR MEDICARE & MEDICAID SERVICES PEDERICINICIS (M) PROVIDERSUPPLIERCIA AULDING 345146 B. WING ROUDER OR SUPPLIER STREETADDRESS, OTTY, STATE, 2P CODE 33252 OLD SALISBURY ROAD BOX 1520 3326 OLD SALISBURY ROAD BOX 1520 INFORMATION OR SUPPLIER STREETADDRESS, OTTY, STATE, 2P CODE SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG INITIAL COMMENTS F 000 NO deficiencies were cited as a result of the compliaint investigation survey of 2/6/19. Event ID# X56Y11. F 000	IS FOR MEDICARE & MEDICAND SERVICES OMB MIC DE DEFINICIONES (X), PROVIDERSUPPLIERCUM (X2) MULTIPLE CONSTRUCTION (X3) MIC DEVENTIONING 345146 IVING 02 ROWDER OR SUPPLIER 345146 IVING 02 INTECTADRESS, CITY, STATE, 2P CODE 3426 OLD SALISBURY ROADD BX0 1260 3426 OLD SALISBURY ROADD BX0 1260 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S HANGE CORRECTION PROVIDER'S HANGE CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S HANGE CORRECTION ID RESULATORY OR LISS DEDUTITY INS INFORMATION PEERX PROVIDER'S HANGE CORRECTION INITIAL COMMENTS F 000 PROVIDER'S HANGE CORRECTION ID NO deficiencies were cited as a result of the complaint investigation survey of 2/6/19. Event ID# X56Y11. F 000 INITIAL COMMENTS NO deficiencies were cited as a result of the complaint investigation survey of 2/6/19. Event ID# X56Y11. ID ID	

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.

PRINTED: 03/11/2019