TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS REFERENCED TO THE APPROPRIATE     DATE       F 000     INITIAL COMMENTS     F 000     F 000     An onsite revisit was conducted 3/31/19 and the facility is back in compliance effective 3/8/19.     F 000	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APP							
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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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