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

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INMIT OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION CENTER (A) DEPERTING THAT IS A CONTRIBUTION OF DEFICIENCE OF SUPPLIED THAT IS AND YORK ROAD CORRECTION OF SUPPLIED THAT IS A CONTRIBUTION OF SUPPLIED THAT IS A CONTRIBUTION OF SUPPLIED THAT IS A CONTRIBUTION OF SUPPLIES AND YORK OF SUPPLIED THAT IS A CONTRIBUTION OF SUPPLIES AND YORK OF SUPPLIES A	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 MECKLENBURG HEALTH & REHABILITATION CENTER (ANI) D SPECIAL SAMOY PORTER ROAD CHARLOTTE, NC. 28273 (ANI) D SPECIAL SECULATORY OR I SO IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS On April 23, 2019. 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 effective April 5, 2019.				7. 55.25.110			R-C	
MECKLENBURG HEALTH & REHABILITATION CENTER MAI ID	345471			B. WING _	B. WING		04/23/2019	
CHARLOTTE, NC 28273	NAME OF PROVIDER OR SUPPLIER				STI	REET ADDRESS, CITY, STATE, ZIP CODE		
PREPIX SUMMARY STATEMENT OF DEHCIENCIES PREPIX TAG PREPIX RESULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDENT INLAN OF CORRECTION PREPIX TAG PREPIX PREPIX TAG PREPIX PREPIX TAG PREPIX PREPIX TAG PREPIX	MEGIZI ENDUDO LIE ALTILI O DELLA DILITATIONI GENTED				241	15 SANDY PORTER ROAD		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS On April 23, 2019, 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 effective April 5, 2019.	MECKLENBURG HEALIH & REHABILITATION CENTER				CHARLOTTE, NC 28273			
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Regulation, Nursing Home Licensure and Certification conducted a revisit (paper follow up). The facility was found to be in compliance effective April 5, 2019.	F 000	INITIAL COMMENTS		F	000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Regulation, Nursing H Certification conducte The facility was found	Home Licensure and ed a revisit (paper follow up). If to be in compliance					

Electronically Signed 04/23/2019

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.