FOR MEDICARE & I						M APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391	
DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 04/17/2019	
	345143					
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SILER CITY CENTER						
JENTER .			SIL	ER CITY, NC 27344		1
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION S		SHOULD BE COMPLETION	
INITIAL COMMENTS		F 000				
	SUPPLIER REPRESENTATIVE'S SIGNATU	IRE		TITLE		(X6) DATE 04/26/2019
	OVIDER OR SUPPLIER CENTER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L NITIAL COMMENTS No deficiencies were complaint investigatio S44J11	IDENTIFICATION NUMBER: 345143 WIDER OR SUPPLIER CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey. Event ID# S44J11 RECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNAT.	IDENTIFICATION NUMBER: A. BUILDI 345143 B. WING - WIDER OR SUPPLIER CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS FOR NO deficiencies were cited as a result of the somplaint investigation survey. Event ID# S44J11 RECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	IDENTIFICATION NUMBER: A. BUILDING 345143 B. WING CENTER 900 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY BE ADDRESSION SURVEY). Event ID# S44J11 F 000 NITIAL COMMENTS F 000 F 000 No deficiencies were cited as a result of the complaint investigation survey. Event ID# S44J11 F 000 NO deficiencies were cited as a result of the complaint investigation survey. Event ID# S44J11 F 000 RECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE F 000	ORRECTION IDENTIFICATION NUMBER: A. BUILDING 345143 B. WING SUMMARY STREET ADDRESS, CITY, STATE, ZIP CODE 90 W DOLPHIN STREET SUMMARY STREET CENTER SUMMARY STREET SUMMARY STREET SUMMARY STREET GRACH DEPONDERS PLAN OF DEFICIENCIES ID PROVIDERS PLAN OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION REGULATORY OR LSC DENTIFYING INFORMATION PROVIDERS PLAN OF CORRECTION STOUCH NITIAL COMMENTS F 000 NITIAL COMMENTS F 000 NITIAL COMMENTS F 000 NOTACION STOUCH EVENT DURANTIAN SAUJ11 SUMMARY STREET NO deficiencies were cited as a result of the complaint investigation survey. Event ID# SUMJ11 SUMMARY STREET	ORRECTION DENTIFICATION NUMBER: A BUILDING 00 345143 B WING 00 CENTER SIMEET ADDRESS, CITY, STATE, 2P CODE 900 WOOLPHIN STREET SUMMARY STATEMENT OF DEFICIENCIES SIMER CITY, NC 27344 900 WOOLPHIN STREET ICENTER SUMMARY STATEMENT OF DEFICIENCIES D PREVIDENTS ACTION NUMBERS ICENTER SUMMARY STATEMENT OF DEFICIENCIES D PREVIDENTS ACTION NICON ACTION NICON IREGULATORY OR LSC IDENTIFYING INFORMATION PREVIDENT ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE NITIAL COMMENTS F 000 F 000 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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