STATUPMENTO PO PERCENCES AND PLANE OF PROVIDERS ON PORTER CLUA DENTIFICATION NUMBER: OD MULTIPLE CONSTRUCTION A BULINO OD DATE SUPPLY COMMETCION A BULINO OD DATE SUPPLY COMMETCION A BULINO OD DATE SUPPLY COMMETCION B WING OD DATE SUPPLY RC 000 OD DATE SUPPLY RC 000 RC 000   NAME OF PROVIDER OR BURPLIER 345281 STREET ADDRESS.CITY.STATE, ZIP CODE E23 BETHANY OLIVECH ROAD LEBMARELE, NC 2001 COMMETCION (2002)	DEPARTI	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED							
AND FLAN OF CORRECTION     UDENTIFICATION NUMBER:     A BUILING     Communication     Communication     Communication     Communication     Communication     R_C     000232019     000232019     000232019     000232019     000232019     000232019     000232019     000232019     000232019     000032019     000032019     000032019     000032019     000032019     000032019     000032019     000032019     000032019     000032019     000032019	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391		
J45281     B. WHO     08/23/2219       INME OF RROYDER OF SUPPLER     STREET ADDRESS, CITY, STATE, ZP CODE     c32 BETHAN' CHURCH ROAD       STANLY MANOR     SUMMARY STATEMENT OF DEFICIENCIES     Case BETHAN' CHURCH ROAD     LLEBMARLE, NO 2000       PREPIX     SUMMARY STATEMENT OF DEFICIENCIES     Case BETHAN' CHURCH ROAD     Case Constructions should be construction should be construction and the facility is in completed and the facility is in compliance effective 8/8/19.     CROSS-REFERENCE ID THE APROPHALE DEFICIENCY       IF The IN-TOUSE FOR APROPHALE DEFICIENCY     IF THE APRO							COMPLETED		
NAME OF PROVIDER OF SUPPLIER     STREET ADDRESS, CITY, STATE, 2P CODE     S3 BETHANY CHURCH ROAD       STAILY MANOR     LISEMARLE, CH. C2001     COUNTRY STATEMENT OF DEFICIENCES			345281	B WING					
33 BETHANY CHURCH ROAD LALEBRALEN C2 2001       CMUID PRETX 7AC     SUMMARY SIATEMENT OF DEFICIENCIES RESULTORY OR LSC DEATE FUNG INFORMATION     D PRETX TAS     PRETX (EACH ORRECTIVE SITUATION SINULOSE CROBER REPARTION SINULASE CROBER REPARTION SINULA							08/23/2019		
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PRETIX TAG     (EACH DEFICIENCY MUST BE INECCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PRETIX TAG     CEACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)     COMMENT       (F 000)     INITIAL COMMENTS     (F 000)     (F 000)     (F 000)     INITIAL COMMENTS     (F 000)		SUMMARY ST					(X5)		
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the facility is in compliance effective 8/8/19.	{F 000}	INITIAL COMMENTS		{F 0	00}				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LABORATORY	DIRECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATI II	RE			(X6) DATE		

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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