STATEMENT OF DEFICIENCIES AND PLAN PROVIDER OR SUPPLIER INCOMPLETED     021 MULTIPLE CONSTRUCTION A BUILDING     021 MULTIPLE CONSTRUCTION BUILDING     021	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING R   AND OF PROVIDER OR SUPPLER 346492 INVIG INVIG   NAC OF PROVIDER OR SUPPLER 214 COORRAN AVENUE 214 COORRAN AVENUE   NO STATE VETERANS HOME - FAVETTEVILLE 214 COORRAN AVENUE ID   PRETX RECONFORMATION OF CORRECTION ID PRETX   YAG SUMMAY STATEMENT OF PERCIPATIONS ID PRETX   YAG SUMMAY STATEMENT OF PERCIPATION AND REPORT OF AVENT OF SUMATION ID PRETX   YAG NEOLIDERCITION MUST BE PRECIPATION ON NON-ATTON ID PRETX   YAG NEOLIDERCITION ON SO DENTIFYING INFORMATION ID PRETX   F 000 INITIAL COMMENTS F 000   A paper revisit was conducted on 03/19/20. The facility is in compliance as of 03/02/20. F 000								
345482     B: WING     03/19/2020       INME OF PROVIDER OR SUPPLEX     STREET ADDRESS, CITY, STATE, ZIP CODE     241 COCHRAN AVENUE     PAYETTEVILLE, NC 23030     Counce     Counce     PAYETTEVILLE, NC 23030     Counce     Counce<						()	COMPLETED	
INALE OF PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     214 COORMAN AVENUE       CONTROL OF PROVIDER OF ANY CONSTITUTE OF DEPICIENCIES     214 COORMAN AVENUE     214 COORMAN AVENUE       PARIT     ISJUMARY STATEMENT OF DEPICIENCIES     PROVIDERS FLAVA OF ORRECTION ACTION SILE CONSTITUTE OF DEPICIENCIES     PROVIDERS FLAVA OF ORRECTION OF DEPICIENCIES       YAG     ISJUMARY STATEMENT OF DEPICIENCIES     PROVIDERS FLAVA OF ORRECTION ACTION SILE CONSTITUTE OF THE ADDRESS OF THE ACTION SILE DEPICIENCY     CROST ORDECTIVE ACTION SILE DEPICIENCIES       YAG     ISJUMARY STATEMENT OF DEPICIENCIES     PROVIDERS FLAVA OF ORRECTION ACTION SILE CONSTITUTE     CROST ORDECTIVE ACTION SILE DEPICIENCIES       YAG     INITIAL COMMENTS     PROVIDERS FLAVA OF ORRECTION OF THE ACTION SILE DEPICIENCY     CROST ORACTOR ACTION SILE DEPICIENCIES       F 000     INITIAL COMMENTS     F 000     F 000     INITIAL COMMENTS     F 000     INITIAL COMMENTS     INITIAL COMMENTS     INITIAL SUBJECT OF ACTION SILE DEPICIENCIES     INITIAL COMMENTS     INITIAL COMMENTS     INITIAL SUBJECT OF ACTION SILE DEPICIENCIES     INITIAL COMMENTS     INITIAL COMMENTS<			345492 B. WING					
NC STATE VETERANS HOME - FAVETTEVILLE     214 COCHRAN AVENUE PATTEVILLE, NC 28301       OM/ID PREFIX     SUMMARY STATEMENT OF DEPICIENCIES (EXCH DEPICIENCY MUST BE PRECEDED BY FULL TAG     ID PREFIX (EXCH DEPICIENCY MUST BE PRECEDED BY FULL (EXCH DEPICIENCY MUST BE PRECEDED BY FULL TAG     ID PREFIX (EXCH DEPICIENCY)     000000000000000000000000000000000000							03/19/2020	
PAYTEULLE, NC 28301     CONSERVICE     CONSERVICE <t< td=""><td colspan="4"></td><td></td><td></td><td></td></t<>								
PREFIX IAG     (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC DENTIFYING INFORMATION)     PREFIX TAG     CEACH OPRECENT ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE     COMPLETION DEFICIENCY)       F 000     INITIAL COMMENTS     F 000     F 000     INITIAL COMMENTS     F 000       Apaper revisit was conducted on 03/19/20. The facility is in compliance as of 03/02/20.     F 000     INITIAL COMMENTS     F 000	NC STATE VETERANS HOME - FAYETTEVILLE				FAYETTEVILLE, NC 28301			
A paper revisit was conducted on 03/19/20. The facility is in compliance as of 03/02/20.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DATE		
facility is in compliance as of 03/02/20.	F 000	INITIAL COMMENTS		F 000				
				RE	TITLE		(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.

PRINTED: 03/19/2020