CENTERS FOR MEDICARE & MEDICARD SERVICES OMB MO. 0984-031   MIDENANCE DEFENSIONAL IDENTIFICATION MUMBER: (02) MUTHEL CONSTRUCTION 020 MUTHEL CONSTRUCTION   MIDENANCE DEFENSIONAL IDENTIFICATION MUMBER: 020 MUTHEL CONSTRUCTION 020 MUTHEL CONSTRUCTION   NAME OF PROVIDER OR SUPPLIER 345526 INTEGET ADDRESS, OT Y STAFL 2P CODE 06122/2020   NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, OT Y STAFL 2P CODE S47 MULLER BRIDGE ROAD 000 MUTHEL CONSTRUCTION   CAROLINA REHAB CENTER OF BURKE DEFICIENCY ACTION MUST DE PROVIDERS AND OF CORRECTION 000 MUTHEL CONSTRUCTION 000 MUTHEL CONSTRUCTION   F 000 INITIAL COMMENTS F 000 F 000 INITIAL COMMENTS F 000   An unannounced onsite complaint investigation was roundeed on Site 20200. There were 3 allogations and they wore all unsubstantiated as a result of the investigation. Event ID# 9GF211. F 000 The investigation. Event ID# 9GF211.		-	ID HUMAN SERVICES				RM APPROVED
MID PLAN OF CORRECTION     IDENTIFICATION MIAMERER     A. BULDING     COMMELTER       345526     IS WID     COMMELTER     STEET ADDRESS, CITY, STATE, 2P COCE     CO       MAR OF PROVIDER OR SUPPLICE     STEET ADDRESS, CITY, STATE, 2P COCE     State of PROVIDER OR SUPPLICE     State of PROVIDER OR OF BURKE     State of PROVIDER OR CORRECTION     COMMELTER     State of PROVIDER OR CORRECTION     COMMETTER     State of PROVIDER OR CORRECTION     COMMETTER     State of PROVIDER OR CORRECTION OR LICE OBSTITUTION, INFORMATION     Tak     COMMETTER     COMETTER     COMMETTER     COMMETTER     COMMETTER     COMETTER     COMMETTER     COMETTER     COMETTER	CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB	NO. 0938-0391
MARE OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY: STREET, 2/P CODE     Martial CR						COMPLETED	
ACADLINA ETHAGA CENTER OF BURKET   SUMMARY STATEMENT OF DEPICIENCIES (CARCI DEFICIENCY MUST DE EPRICEDED OF TALL CARCI DEFICIENCY MUST DE EPRICEDED OF TALL REGULATORY CALLS DE UNITIVINO INFORMATION)   PRICE (CARCI DEFICIENCY MUST DE EPRICEDED OF TALL DEFICIENCY CALLS DE UNITIVINO INFORMATION)   PRICE PRICE   CRICENCECTIVE CARCING CONSECTIVE (CARCI DEFICIENCY CALLS DE UNITIVINO INFORMATION)   PRICE   CONSERVERTED TO THE AMMONTANIS   CONSERVERTED DEFICIENCY     F 000   INITIAL COMMENTS   F 000   F 000   F 000   F 000   F 000   F 000     F 001   INITIAL COMMENTS   F 000   F 0			345526	B. WING			
CADCIDING FIGHAR & CENTER OF BURKE     CONNELLY SPG, NC 28612       (YM)     BAUMARY STATEMENT OF DEFICIENCIES     IP     Reprint     Report OPERCIPACY ONUSTE IN FIGURACIES     IP       Trias     IP     Report Deficiencies     IP     Report Deficiencies     IP       Trias     IP     Report Deficiencies     IP     Report Deficiencies     IP       F 000     INITIAL COMMENTS     F 000     An unannounced onsite complaint investigation was conducted on 6/22/2020. There were 3 allegations and they were all unsubstantiated as a result of the investigation. Event ID# 9GF211.     F 000     IP	NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
CONNELL PROJECT     CONNELL     PROJECT     MODILITY       PREFIX     ILACH DEFICIENCY MUST DE FRECEDED BY FULL     PREFIX     RECULATION SMULLD BE       TAG     RECULATION OR LOC DENTIFYING INFORMATION     TAG     CROSS-REFERENCED TO THE APPORTATE     CAME FROM       F 000     INITIAL COMMENTS     F 000     An unannounced onsile complaint investigation was conducted on 6/22/2020. There were 3 allegations and they were all unsubtantiated as a result of the investigation. Event ID# 9GF211.     F 000     INITIAL COMMENTS     F 000	CAROLIN	A REHAB CENTER OF B	URKE				
mergin Tag     LEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTARY OR LSC IDENTIFYING INFORMATION     PREFIX Tag     CEACH CORRECTORS TO THE APPOPRIATE     COMMENTION DEFICIENCY       F 000     INITIAL COMMENTS     F 000       An unannounced onsite complaint investigation was conducted on 6/22/2020. There were 3 allegations and they were all unstatinatinated as a result of the investigation. Event ID# 9GF211.     F 000					CONNELLY SPG, NC 28612		
An unannounced onsite complaint investigation was conducted on 6/22/020. There were 3 alegatons and they were all unsubstantiated as a result of the investigation. Event ID# 9GF 211.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
ADDATOLYCIDECTORS OR PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 102 MD14	F 000	INITIAL COMMENTS		F 0	00		
		was conducted on 6/2 allegations and they	22/2020. There were 3 were all unsubstantiated as a				
Electronically Signed 06/26/2020			SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		

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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