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1 / in the r	ACILITY ALTH-RALEIC is completed I show those c and the date su umber and the eport form).	ACILITY ALTH-RALEIGH is completed by a qualification show those deficiencies and the date such correct amber and the identification form).	A. Building B. Wing ACILITY ALTH-RALEIGH Is completed by a qualified State survey show those deficiencies previously report the date such corrective action was a number and the identification prefix code report form). DATE Y5 O600 Correction 33.12(a)(1) Completed 03/15/2021 Correction Completed	A. Building B. Wing ACILITY ALTH-RALEIGH A	A. Building B. Wing ACILITY ALTH-RALEIGH As completed by a qualified State surveyor for the Medicare, Medicaid show those deficiencies previously reported on the CMS-2567, State and the date such corrective action was accomplished. Each deficiency imber and the identification prefix code previously shown on the CMS-eport form). DATE	A. Building B. Wing ACILITY ALTH-RALEIGH A. Building B. Wing STREET ADDRESS, CIT 2420 LAKE WHEELER F RALEIGH, NC 27603 Is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laborato show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and the date such corrective action was accomplished. Each deficiency should be fully identifie imber and the identification prefix code previously shown on the CMS-2567 (prefix codes show report form). DATE	A. Building B. Wing CILITY ALTH-RALEIGH STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH, NC 27603 Is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Am show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction dt he date such corrective action was accomplished. Each deficiency should be fully identified using either the rumber and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each eport form). DATE	A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been dit he date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LS imber and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement of port form). DATE

2/10/2021

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO