	DEPARTMENT OF HEALTH AND HUMAN SERVICES				
					NO. 0938-0391
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			TE SURVEY MPLETED
	345473			R-C 05/02/2025	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	NTED		6001 WILORA LAKE ROAD		
ARE HEALTHCARE CEI	NIER		CHARLOTTE, NC 28212		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG			(X5) COMPLETION DATE
INITIAL COMMENTS	3	F	000		
	OF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER AKE HEALTHCARE CEN SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS A paper follow up wa the facility is back inte 3/20/25.	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 345473 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A paper follow up was conducted on 5/2/25 and the facility is back into compliance effective 3/20/25.	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDI 345473 B. WING ROVIDER OR SUPPLIER AKE HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INITIAL COMMENTS F (A paper follow up was conducted on 5/2/25 and the facility is back into compliance effective F (OF DEFICIENCIES (X1) PROVIDERSUPPLIER(LANDINGER: (X2) MULTIPLE CONSTRUCTION 346473 B. WING AKE HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, 2IP COOL SUMMARY STATEMENT OF DEFICIENCIES B. WING ISUMARY STATEMENT OF DEFICIENCIES D REGULATORY OR LGC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LGC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LGC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LGC IDENTIFYING INFORMATION) F000 INITIAL COMMENTS F000 A paper follow up was conducted on 5/2/25 and the facility is back into compliance effective F000 3/20/25. Summaria and and and and and and and and and an	OF DEPICIENCIES (N1) PROVUEBENDEPRUERCILA IDENTIFICATION NUMBER: (O2) MULTIPIC CONSTRUCTION A BUILDING (O2) OU A BUILDING INFO INFO COUNTRY OF DEPICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE SOUT WILDRA LAKE ROAD CHARLOTTE, NC 28212 COUNTRY OF DEPICIENCIES REGULATORY OF US DENTIFYING INFORMATION) PREVIX COUNTRY OF US DENTIFYING INFORMATION) INITIAL COMMENTS A paper follow up was conducted on 5/2/25 and the facility is back into compliance effective 3/20/25.

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: 05/05/2025