A. BUILDING PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345493

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345493
(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________
(X3) DATE SURVEY COMPLETED
C 06/12/2012

DATE PRINTED: 06/20/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

345493 06/12/2012
FLAT ROCK, NC  28731

STREET ADDRESS, CITY, STATE, ZIP CODE
COLLEGE DRIVE AND SOUTH ALLEN ROAD
FLAT ROCK, NC 28731

NAME OF PROVIDER OR SUPPLIER
HENDERSONVILLE HEALTH AND REHABILITATION

MULTIPLE CONSTRUCTION

C Date Survey Completed

(X4) ID PREFIX TAG
(F4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ID PREFIX TAG
ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
ID PREFIX TAG
ID PREFIX TAG

(X5) COMPLETION DATE

F 000 INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation. Event ID # 37UZ11..

F 000

LAboratory director’s or provider/supplier representative’s signature

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE

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.

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: 37UZ11
Facility ID: 961023
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