STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION
(X1) PROVIDER/ SUPPLIER/CLA
IDENTIFICATION NUMBER:
345116

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED
C 02/27/2013

NAME OF PROVIDER OR SUPPLIER
GOLDEN LIVINGCENTER - STARMOUNT

STREET ADDRESS, CITY, STATE, ZIP CODE
109 S HOLDEN ROAD
GREENSBORO, NC 27407

(X4) ID
PREFIX
TAG

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

ID
PREFIX
TAG

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

(X5) COMPLETION
DATE

F 000 INITIAL COMMENTS

No deficiencies were cited as a result of a
complaint survey on 2/27/13 Event ID# ZNFM11.