STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345333

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
04/16/2015

NAME OF PROVIDER OR SUPPLIER
ABOTTS CREEK CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
877 HILL EVERHART ROAD
LEXINGTON, NC  27295

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

ID
PREFIX
TAG

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

ID
PREFIX
TAG

F 000 INITIAL COMMENTS

no deficiency cited for recertification survey
4/13-4/16/15 event # MLK611

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

Electronically Signed

04/17/2015

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID:MLK611
Facility ID: 923045
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