A. BUILDING __________________________

B. WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345492

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

C

04/18/2017

PRINTED: 04/28/2017

FORM APPROVED

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

OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER

NC STATE VETERANS HOME - FAYETTEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

214 COCHRAN AVENUE
FAYETTEVILLE, NC 28301

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X4) ID PREFIX TAG

(X5) COMPLETION DATE

F 000 INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation conducted on 4/18/17. Event ID COJE11. Complaint intake # NC00126966.

F 000

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

(Electronically Signed)

04/27/2017

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.