<table>
<thead>
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<th>ID</th>
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<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETE DATE</th>
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<td>D 000</td>
<td>Initial Comments</td>
<td></td>
<td>No deficiencies cited as result of survey event ID# 8X6J11.</td>
<td>D 000</td>
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