

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345502</b>	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE <b>LAKE PARK NURSING AND REHABILITATION CENTER</b> <b>3315 FAITH CHURCH ROAD</b> <b>INDIAN TRAIL, NC 28079</b>	X3) DATE SURVEY COMPLETED  <b>12/06/2017</b>
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F 000 INITIAL COMMENTS

No deficiencies cited as result of survey event ID# LJB711.