## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 943494

**Date Survey Completed:** 03/04/2015

### Heartland Living & Rehab at the Moses H Cone

**Address:**
1131 North Church Street
Greensboro, NC 27401

**Name of Provider or Supplier:**
Heartland Living & Rehab at the Moses H Cone

**Street Address, City, State, Zip Code:**
1131 North Church Street
Greensboro, NC 27401

### Summary Statement of Deficiencies

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<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
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There were no deficiencies cited as a result of the complaint investigation Event ID ZSMM11

**Laboratory Director's or Provider/Supplier Representative's Signature:**

**Title:**

Electronically Signed

**Date:**
03/16/15

**State Form:**
ZSMM11