A. BUILDING ______________________

(B) WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345314

(X2) MULTIPLE CONSTRUCTION

A. BUILDING ________________________

B. WING ________________________

(X3) DATE SURVEY COMPLETED

C 04/10/2018

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345314

(X2) MULTIPLE CONSTRUCTION

A. BUILDING ________________________

B. WING ________________________

(X3) DATE SURVEY COMPLETED

C 04/10/2018

NAME OF PROVIDER OR SUPPLIER

FAIR HAVEN OF FOREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

830 BETHANY CHURCH ROAD

FOREST CITY, NC 28043

F 000 INITIAL COMMENTS

No Deficiencies were cited as a result of the complaint investigation Even ID #8WJM77

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

TITLE

(X6) DATE

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.