A. BUILDING ________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345413

B. WING _____________________________

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

R 06/28/2018

NAME OF PROVIDER OR SUPPLIER

FLESHERS FAIRVIEW HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

3016 CANE CREEK ROAD

FAIRVIEW, NC  28730

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 000 INITIAL COMMENTS

On June 28, 2018, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit. The facility was found to be in compliance effective 06/15/18.

(X5) COMPLETION DATE

F 000

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

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

TITLE

Electronically Signed

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.