STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345462

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
C 03/07/2019

NAME OF PROVIDER OR SUPPLIER
THE OAKS-BREVARD

STREET ADDRESS, CITY, STATE, ZIP CODE
300 MORRIS ROAD
BREVARD, NC 28712

(X4) ID PREFIX TAG

(X5) COMPLETION DATE

(F 000) INITIAL COMMENTS

No deficiencies were cited as a result of this complaint investigation Event ID HO5T11.

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

 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.
A revisit was conducted on 03/05/19 through 03/07/19. The facility was found to be in compliance effective 02/08/19.

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