STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING ____________________________

B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER:
NC STATE VETERANS HOME - FAYETTEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE:
214 COCHRAN AVENUE
FAYETTEVILLE, NC  28301

PROVIDER’S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID PREFIX TAG
F 000 INITIAL COMMENTS
A paper revisit was conducted on 03/19/20. The facility is in compliance as of 03/02/20.

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.