DEPARTMENT OF HEALTH AND HUMAN SERVICES					FORM APPROVED	
CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391	
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		_	(X3) DATE SURVEY COMPLETED	
	345252				R-C	
NAME OF PROVIDER OR SUPPLIER					01/13/2022	
			214 LANEFIELD ROAD	,		
WARSAW NURSING AND REHABILITATION CENTER			WARSAW, NC 28398			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	TIX (EACH CORRECTIVE ACTION SHOULD BE			
INITIAL COMMENTS		FC	000			
				_	(X6) DATE	
	RS FOR MEDICARE &	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345252 PROVIDER OR SUPPLIER V NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A paper follow-up was conducted on 01/13/22 and the facility is back into compliance effective 01/07/22.	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULT A. BUILDIN 345252 B. WING PROVIDER OR SUPPLIER B. WING V NURSING AND REHABILITATION CENTER ID PREFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIC PREFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS F O A paper follow-up was conducted on 01/13/22 and the facility is back into compliance effective	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 345252 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, 1 214 LANEFIELD ROAD WARSAW, NC 28398 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDE REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS F 000 A paper follow-up was conducted on 01/13/22 and the facility is back into compliance effective 01/07/22. F 000	RS FOR MEDICARE & MEDICAID SERVICES OF DEPICENCIES (N1) PROVIDER/SUPPLICE/CLIA A BUILDING A BUILDING 345252 B. WING PROVIDER OR SUPPLIER 214 LANEFILLD ROAD VINURSING AND REHABILITATION CENTER STREET ADDRESS. CITY, STATE, 2P CODE SUMMARY STREMENT OF DEPICTIONNESS 214 LANEFILLD ROAD WING SUMMARY STREMENT OF DEPICTIONNESS PROVIDER ROAD (CODE) SUMMARY STREMENT OF DEPICTIONNESS Department of the Proceeding of the APROPEM (CROSS-REFERENCE) TO THE APROPEM INITIAL COMMENTS F 000 A paper follow-up was conducted on 01/13/22 and the facility is back into compliance effective 01/07/22. F 000 INITIAL COMMENTS INITIAL COMMENTS INITIAL COMMENTS A paper follow-up was conducted on 01/13/22 and the facility is back into compliance effective INITIAL COMMENTS	

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.

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