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IMID PLAN 06 CORRECTION IDENTIFICATION NUMBER: A BUILDING IDENTIFICATION NUMBER:	CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391	
138329 NUMB 04/19/2023 NAME CIC PROVIDER 06 BUPPLIER STREET ADDRESS. CUTY OT CAUE DRIVE STREET ADDRESS. CUTY OT CAUE DRIVE VOODBURVY WELLINESS CENTRY INFO SUMMARY STREEMENT OF DEPICIENCIES TAG PROVIDER 07.0 KL 30 (DE THE INC. COMPLIANCE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			1 ° '			COMPLETED	
MARE OF PROVIDER OR BUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 2775 COUNTY CLUB DRIVE HAMPSTEAD, KC 28443 20210 TAG BUPPLIER (BACH DEFICINENTIATION OF DEFICIENCIES (BACH DEFICINENTIATION BUT BE REPECTIBED BY FULL RECOLLITIONY OR USE DEFICIENCIES AND CONCELTION AND BE REPECTIBED BY FULL RECOLLITIONY OR USE DEFICIENCIES ADDRESS PLAN OF CONCENTION SUPPORTATION PREFIX TAG PROVIDERS PLAN OF CONCELTION AND BE REPECTIBED BY FULL (BACH ORECONNECTIVE STICK) CONSERTION (BACH ORECONNECTIONS TO THE APPROPRIATE DEFICIENCY) CONSERTION (BACH ORECONNECTIVE STICK) CONSERTION (B			345349	B. WING				
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mergin Tag LEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTFYING INFORMATION) PREFIX Tag CECAN CORRESTOR SHOULD BE CROSS-REFERENCED TO THE APPAPERINE DEFICIENCY COMMENTION INFORMATION F 000 INITIAL COMMENTS F 000 A complaint investigation survey was conducted on 04/19/2023. Event ID#YX6M11. The following intake was investigated NC00199709. F 000 2 of the 2 complaint allegations did not result in deficiency. F 000	WOODBU	RT WELLNESS CENTER		НА	MPSTEAD, NC 28443			
A complaint investigation survey was conducted on 04/19/2023. Event ID#/XXBM11. The following intake was investigated NC00199708. Image: Complaint allegations did not result in deficiency. 2 of the 2 complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations did not result in deficiency. Image: Complaint allegations din did not result in deficiency. Image: C	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	ON SHOULD BECOMPLETIONHE APPROPRIATEDATE		
ADDARDARY DIRECTORS OR PROVIDERSUPPLIER REPRESENTATIVES SIGNATE: 101 201 201 201 201 201 201 201 201 201	F 000	A complaint investigation survey was conducted on 04/19/2023. Event ID#YX6M11. The following intake was investigated NC00199709. 2 of the 2 complaint allegations did not result in		F 000				
ADDRATORY DIRECTORY OR PROVIDERUSUPPLIER REPRESENTATIVES SIGNATURE 101 (20 DATE								
		(X6) DATE 04/20/2023						

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.

PRINTED: 05/22/2023