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A complaint investigation was conducted on 59/23-5/10/23. Event IDJHV211. Intakes # NC00201040, NC00842, NC00201386. NC00201383, NC00201984 and NC00201887. 12 of 12 allegations did not result in a deficiency.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	CTION SHOULD BE COMPLETION O THE APPROPRIATE DATE			
Sign23-5/10/23, Event IDJHV211. Intakes # NC00201640, NC00201636, NC00201636, NC00201637. 12 of 12 allegations did not result in a deficiency.	F 000			F 000					
		5/9/23-5/10/23. Even NC00201040, NC008 NC00201638, NC002	t IDJHV211. Intakes # 342, NC00201636, 201984 and NC00201887.						
	LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUI	RE	TITLE		(X6) DATE		
Flectronically Sidned	06/15/2023								

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.

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