PRINTED: 10/23/2023 FORM APPROVED

NH0121 C 09/28/202 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHARON TOWERS 5100 SHARON ROAD CHARLOTTE, NC 28210	Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0121			(X2) MULTIPLE CONSTRUCTION		E SURVEY PLETED		
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