CENTERS FOR MEDICARE & MEDICAD SERVICES OMB NO. 0938-0391 STATURNT OF EXDENDEDICIES (V2) MULTIPLE CONSTRUCTION (V2) MULTIPLE CONSTRUCTION AND FLAN OF CORRECTION X1 DENTIFICATION NUMBER: (V2) MULTIPLE CONSTRUCTION MAIL CF PROVIDER OR SUPPLIER 345307 INVIG THE IN'NT GASTONIA LLC STREET ADDRESS, CITY STRE, 2P CODE 0 MAIL CF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STRE, 2P CODE 0 TAIL CASTONIA, LC 2006 11 PRESS SUMMARY STREEMEN OF DEFICIENCES PRESS TAIL SUMMARY STREEMEN OF DEFICIENCES Conserver STAN OF CORRECTION Conserver Stan OF CORRECTION TAIL CASTONIA, LC 2006 Conserver Stan OF CORRECTION Conserver Stan OF CORRECTION Conserver Stan OF CORRECTION F 000 INITIAL COMMENTS F 000 F 000 F 000 F 000 F 000 INITIAL COMMENTS F 000 F 000 F 000 F 000 F 000 Conserver Stan OF CORRECTION Conserver Stan OF CORRECTION VER conducted on QUESTION Conserver Stan OF CORRECTION Conserver Stan OF CORRECTION Conserver Stan OF CORRECTION VAS CORRECTIONS DE PROVIDERS DE PROV	DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED
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CMULTO SUMMARY STATEMENT OF DEFICIENCIES PROVIDE PROVIDE PROVIDE CONSISTENT OF CONSECTION <			345307	B. WING				
THE INVALIG GASTONIA, NC 2806 (main partial investigation of deficiencies in the partial investigation survey was conducted on 04/25/2024. Event ID: 11/01/1. The following intake was investigated in our result in deficiency. F 000 INITIAL COMMENTS F 000 An unannounced complaint investigation survey was conducted on 04/25/2024. Event ID: 11/01/1. The following intake was investigated in our result in deficiency. F 000 INITIAL COMMENTS F 000	NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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An unannounced complaint investigation survey was conducted on 04/25/2024. Event ID: 11YD11. The following intake was investigated NC00215551. One (1) of 1 complaint allegation did not result in deficiency.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
was conducted on 04/25/2024. Event ID: 11YD11. The following intake was investigated NC00215551. One (1) of 1 complaint allegation did not result in deficiency. Image: Complete state	F 000	INITIAL COMMENTS		F	F 000			
		was conducted on 04 11YD11. The followir NC00215551. One (1	/25/2024. Event ID: ng intake was investigated) of 1 complaint allegation					

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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