NUM DFAN OF CORRECTION         DIBINITIFICATION NUMBER:         A BULDING         Converter U           14303         B.WMG	DEPARTMENT OF HEALTH AND HUMAN SERVICES						FORM APPROVED	
NUME PLANOF CONSIGNITION     DENTIFICATION MARGERS:     A BULDING     Constrained       NAME OF PROVIDER OR SUPPLIER     145036     8. WMG     000000000000000000000000000000000000	CENTER	S FOR MEDICARE &				OMB N	O. 0938-0391	
Made CP PROVIDER OR SUPPLIE         OBJ26/2024           NAME CO PROVIDER OR SUPPLIE         STREET ADDRESS.CT. / STATE, 20 CODE: 107 US IN BIGINAY 17 SOUTH ELIZABETH CITY HEALTH AND REHABLILITATION         TOTUS IN BIGINAY 17 SOUTH ELIZABETH CITY, NC 27900           PREPRY TAG         SUMMARY STRTEMENT OF CONCENNES (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PREPRY TAG         PROVIDER CITY ADDRESS NUMBER PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY ADDRESS NUMBER (EACH CORRECTIVE, CITY OR LSC) DENTIFIYING INFORMATION)         PROVIDER CITY ADDRESS NUMBER (EACH CORRECTIVE,	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			A. BUILDING		C		
ELIZABETI OTT HEALTI ADD REHABILITATION       Dis training in the second of the second o		345036						
ELUSETH CITY HELITIANO REHABILIZION         ELISETH CITY, NC 2790                (MA) D             (LACH EDR-IGNATION DEPROLINCIES               IN               PAGE               RECURSTANCES               RECURSTANCES               RECURSTANCES               RECURSTANCES               (MA)               RECURSTANCES               RECURSTANCES               RECURSTANCES               RECURSTANCES               (MA)               RECURSTANCES               (MA)               RECURSTANCES               (MA)               RECURSTANCES               (MA)               (MA)             (MA)               (MA)             (MA)               (MA)               (MA)               (MA)             (MA)               (MA)             (MA)               (MA)               (MA)             (MA)             (MA)             (MA)               (MA)	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
ELIZABET INT VICT VICTOR DE PENDIENCES         DE PENDIENCI VICTOR DE PENDIENCES         OD (0)           PREIX         CACHI DE FICIENCY MUIST DE PERCEDED DI FIULI, TAG         PREIX         CAGES ASERENCE DI TO TO APPORTING (CAGES ASERENCE) DI TO TO APPORTIN	ELIZABETH CITY HEALTH AND REHABILITATION							
energy TAG         react before the processory must be preceded by Full. TAG         PREFIX TAG         react constrained by Constrained			-		ELIZABETH CITY, NC 27909			
A complaint investigation survey was conducted on 9/26/24. Event ID# MI5911. The following intakes were investigated NC000221910, NC00221819 and NC00220363.       Five of the five complaint allegations did not result in deficiency.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION	
on 9/26/24. Event ID# MIG911. The following intakes were investigated NC000221910, NC00221919 and NC00220363. <ul> <li>Five of the five complaint allegations did not result in deficiency.</li> <li>Five of the five complaint allegations did not result in deficiency.</li> <li>Image: Additional and the second s</li></ul>	F 000	A complaint investigation survey was conducted on 9/26/24. Event ID# MI5911. The following intakes were investigated NC0000221910,		F 000				
VEDATORY DIRECTOR'S OR PROVIDERISUPPLIER REPRESENTATIVES SIGNATURE 101 (2014)								
			laint allegations did not					
			SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE 10/18/2024	

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: 10/29/2024