TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			ND HUMAN SERVICES MEDICAID SERVICES			FOR	M APPROVED 0. 0938-0391	
345102 B. WINO 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, GTY, STATE, 2P GODE T75 FRHER LOOP MAGGIE VALLEY NURSING AND BEHABILITATION STREET ADDRESS, GTY, STATE, 2P GODE CROSE VALLEY, NC 28751 Image of provider or supplication SUMMAY STREET PROCEDED BY FULL PERTY CROSE VALLEY, NC 28751 COOPULING Image of provider or supplication Image of provider or should be considered and should be conshould be conshould be considered and should be considered and s	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MI				(X3) DATE SURVEY	
MAGGIE VALLEY NURSING AND REHABILITATION 75 FISHER LOOP MAGGIE VALLEY, NC 28761 (F. 000) PHETIX TAG ISUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE AND CORRECTION REGULATORY OR LAS DENTRYING INFORMATION) PREVX PREVX CROSS-REFERENCED TO THE APPODRATE CROSS-REFERENCED TO THE APPODRATE COMPATING CONVENTION DOTESTICATION (F. 000) INITIAL COMMENTS (F. 000) INITIAL comments (F. 000) An onsite revisit was conducted on 03/10/25 and the facility is back into compliance effective 03/07/25. The Directed Plan of Correction including the Root Cause Analysis was reviewed. (F. 000) INITIAL COMMENTS (F. 000)			345102	B. WING				
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		the facility is back into 03/07/25. The Directed	o compliance effective ed Plan of Correction					

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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