

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>NH0574</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/11/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE CARRIAGE CLUB PROVIDENCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5804 OLD PROVIDENCE ROAD , CHARLOTTE, North Carolina, 28226</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L0000	INITIAL COMMENTS  A paper revisit was conducted on 7/11/25. The facility is back in compliance as of 5/23/25. Event ID: SS09-H2.	L0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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