DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER NEW RIVER COTTAGE INC STREET ADDRESS, CITY. STATE_ZIP CODE 82 DAVIS LANE SSARTA, NC 26875 SARTA, NC 26875 SPARTA, NC 26875 PREFIX TAG FREQUENTER TAG (EACH DEPOISON WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS THIS FACILITY IS IN COMPLIANCE WITH THE CONDITIONS OF PARTICIPATION FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES FOUND AT 42 OFR 483-480 (GENERAL/HEALTH REQUIREMENTS).	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER NEW RIVER COTTAGE INC P(A) ID P(A)								
NEW RIVER COTTAGE INC 82 DAVIS LANE SPARTA, NC 28675	34G026			B. WING			06/21/2018	
SPARTA, NC 28675 SUMMARY STATEMENT OF DEFICIENCIES	NAME OF PROVIDER OR SUPPLIER							
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS THIS FACILITY IS IN COMPLIANCE WITH THE CONDITIONS OF PARTICIPATION FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES FOUND AT 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 (GENERAL/HEALTH REQUIREMENTS).					SI	PARTA, NC 28675		
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CONDITIONS OF PARTICIPATION FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES FOUND AT 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 (GENERAL/HEALTH REQUIREMENTS).	W 000	V 000 INITIAL COMMENTS		W 000				
LADODATORY DIRECTOR'S OR PROVIDED SURPLIED REPRESENTATIVE'S SIGNATURE.		THIS FACILITY IS IN COMPLIANCE WITH THE CONDITIONS OF PARTICIPATION FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES FOUND AT 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480		W 000				
	LABORATOR	A DIDECTORIS OF PROVIDE	DEDICHIDDI IED DEDDEGENTATIVE'S SIG	MATURE		TITLE		(VC) DATE

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.