CENTERS FOR MEDICARE & MEDICAD SERVICES CMB ND, 0938-0391 VIDENTIFICATION RUMBER: 001/01/01/01 CONSTRUCTION 001/01/01/01 CONSTRUCTION 001/01/01/01/01/01/01/01/01/01/01/01/01/	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED	
AND FLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING COMMETERS 340094 B. WING STREET ADDRESS, CITY. STATE_UP CODE STIS NEWTON STREET HOPE MILLS HOME STREET ADDRESS, CITY. STATE_UP CODE STIS NEWTON STREET HOPE MILLS NOT CORRECTION REACH DEPICIPATIVE STREET BREEDED BY FULL NO STREET ADDRESS, CITY. STATE_UP CODE STIS NEWTON STREET HOPE MILLS NOT CORRECTION REACH DEPICIPATIVE STREET BREEDED BY FULL NO OV PRETX TREET CODE CROSS REFERENCE ATTON SHOULD BE CROSS REFERENCE ATTON CROSS REFERENCE ATTON SHOULD BE CROSS REFERENCE ATTON CROSS REFERENCE ATTON CRO	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391	
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						TITLE		(X6) 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.

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