STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY	DEPARTMENT OF HEALTH AND HUMAN SERVICES					FORM APPROVED			
AND PLAN DE CORRECTION				(X2) MUI				OMB NO. 0938-0391	
34G0F1 0.WIND 0.04/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CTV. STREE. UP CODE 107 MISS GEORGIA COURT STREET ADDRESS. CTV. STREE. UP CODE 107 MISS GEORGIA COURT CARY, NO. 27511 COOPERITION (EACH DESCIENCY MUST BE PROCEEDED BY FULL TAG 0 PROVIDERY PLAN OF CORRECTION (EACH DESCIENCY MUST BE PROCEEDED BY FULL DEFICIENCY) 0 PROVIDERY PLAN OF CORRECTION (EACH DESCIENCY MUST BE PROCEEDED BY FULL DEFICIENCY) 0 COOPERITION (EACH DESCIENCY MUST BE PROCEEDED BY FULL DEFICIENCY) 0 COOPERITION (EACH DESCIENCY MUST BE PROCEEDED BY FULL DEFICIENCY) 0 COOPERITION (EACH DESCIENCE) TO THE APPROPRIATE DEFICIENCY) 0 0 COOPERITION (EACH DESCIENCE) TO THE APPROPRIATE DEFICIENCY) 0 0 0 COOPERITION (EACH DESCIENCE) TO THE APPROPRIATE DEFICIENCY) 0 0 0 0 0 0 0 0 0 0	AND PLAN OF CORRECTION								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE. ZIP CODE 107 MISS SECRETA COURT OPENING SUMMARY STATEMENT OF DEFICIENCES 107 MISS SECRETA COURT CARY, NO. 27511 IVAID SECRETA COURT CARY, NO. 27511 100 CONSTRUCTION OF DEFICIENCES IVAID SECRETA COURT OF DEFICIENCES 100 CONSTRUCTION OF DEFICIENCES 100 CONSTRUCTION IVAID SECRETA COURT OF DEFICIENCES 100 CONSTRUCTION 100 CONSTRUCTION 100 CONSTRUCTION IVAID SECRETA COURT OF DEFICIENCES 100 CONSTRUCTION								R	
197 MISS GEORGIA COURT CARY, NO. 287101 (V) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE IFRECEDED BY FULL) (EACH DEFICIENCY MUST DE IFRECEDED BY FULL) (EACH DEFICIENCY MUST DE IFRECEDED BY FULL) (EACH DEFICIENCY ID IT HE APPOPRIATE (EACH DEFICIENCY) Deficiency (EACH DEFICIENCY) COMPT TION (EACH DEFICIENCY) COMPT TION	34G061			B. WING					
GEORGIA COURT CARY, NC 27511 (X3) ID PRETIX TAG ESAM DEFICIENCIES (EAC) DEFICIENCY OR LISC DEMINIPHING INFORMATION ID PRETIX TAG PROVIDENS HAND CORRECTION SHOULD BE CARD BEFORE TO IN SHOULD BE CROSS BEFORE TO TO SHOULD BE CROSS BEFORE TO	NAME OF PROVIDER OR SUPPLIER								
motion Trad Statement of percenceds in the percence of the percenced of the percenced of the percence	GEORGIA COURT								
Prefink TAG IEACH CORRECT MUST BE PRECEDED BY FULL REGULTIONY OR LSC IDENTIFYING INFORMATION) PREFIX TAG IEACH CORRECTED TO HER PROPERATE DEFICIENCY COMMENTE UNIT W 000 INITIAL COMMENTS W 000 W 11AL COMMENTS W 000 A follow up survey was completed on 4/14/2021 W 000 INITIAL COMMENTS W 000								(XE)	
W 000 INITIAL COMMENTS W 000 A follow up survey was completed on 4/14/2021 W 000	PREFIX	ÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
A follow up survey was completed on 4/14/2021 with all w tags corrected.	TAG			TAG				DATE	
A follow up survey was completed on 4/14/2021 with all w tags corrected.				1					
with all w tags corrected.	W 000	000 INITIAL COMMENTS		W	W 000				
with all w tags corrected.									
		with all w tags correct	ted.						

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: 04/16/2021