CENTERS FOR MEDICARE & MEDICARD SERVICES OMB No. 0038-0 AND PLAN OF CORRECTION (1) PROVIDES WINPERSCUAL DENTIFICATION NUMBER: (20) MULTIPIE CONSTRUCTION (20) M	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED A. BUILDING R 34G223 B. WING 06/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 06/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE COMPLETI TAG INITIAL COMMENTS {W 000} {W 00	CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 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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