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

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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE PORTION PRICE TAGGET AND PRICE SUMMANY STATEMENT OF DEFICIENCES BY YOUR TAGGET TO THE APPROPRIATE DAYS RECHARD PRICE TAGGET AND THE APPROPRIATE DEFICIENCES AND THE APPROPRIATE DAYS W 000 INITIAL COMMENTS A follow up survey was conducted on 8/18/2021 with all deficiencies corrected.	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 RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS A follow up survey was conducted on 8/18/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 500 VETERANS DRIVE ELON COLLEGE, NC 27244 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETIVE ACTION SHOULD BE COMPLETIVE ACTION SHOULD BE DEFICIENCY) W 000 INITIAL COMMENTS W 000			240204					
RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS A follow up survey was conducted on 8/18/2021								
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	W 000	00 INITIAL COMMENTS		W	00			
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.