CENTERS FOR MEDICARE & MEDICAID SERVICES     OMB NO. 0938-037       STATEMENT OF PROFICENCIES     (1) IPROVEMENDEPUERCIA     (2) MULTIPLE CONSTRUCTION     (2) MULTIPLE CONSTRUCTI	DEPART	MENT OF HEALTH	AND HUMAN SERVICES				APPROVED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED   346089 a WING STREET ADDRESS, CITY, STATE, ZP CODE 99/10/2021   BLUEWEST OPPORTUNITIES SWANNANOA RESIDENTAL STREET ADDRESS, CITY, STATE, ZP CODE 91 POPLAR CIRCLE   SUMMONT OF CORRECTIVE ADDRESS WANNANOA, RESIDENTAL STREET ADDRESS, CITY, STATE, ZP CODE 91 POPLAR CIRCLE   SUMMONT OF CORRECTIVE ADDRESS WANNANOA, RESIDENTAL STREET ADDRESS, CITY, STATE, ZP CODE 000000000000000000000000000000000000	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-			
34G089     E. WING     09/10/2021       NAME OF PROVIDER OR SUPPLER     STREET ADDRESS. CITY. STATE, ZIP CODE     31 POPLAR CIRCLE     SWANNANOA, NC. 28778       PRETIX     VEADO EPROVIDER OR SUPPLER     DIPOPLAR CIRCLE     SWANNANOA, NC. 28778     COMPACTOR SUPPLER					COMPLETED		
INMALE OF PROVIDER OR SUPPLIER     SIMPLIER     SIMPLIER <td< td=""><td>34G089</td><td colspan="2">B. WING</td><td></td><td colspan="2"></td></td<>			34G089	B. WING			
BLUEWEST OPPORTUNITIES-SWANNANCA RESIDENTIAL     SWANNANCA, NC 28778       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES IGACH DEFICIENCIES RESULATORY OR LSC DENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDERS FLAG ORRECTION (CADSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY     (V000)       (W 000)     INITIAL COMMENTS     (W 000)     (W 000)     INITIAL COMMENTS     (W 000)       A revisit was conducted on 9/10/2021 for all deficiencies have been corrected and no new noncompliance with all regulations surveyed.     (W 000)     INITIAL COMMENTS     (W 000)	NAME OF PROVIDER OR SUPPLIER						
Prefix TAG     CEACH CORRECT A CTION SHOLLOD BE RECULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG     CEACH CORRECTIVE ACTION SHOLLOD BE CROSS-REFERENCED TO THE APPROPRIATE     Confictions DEFICIENCY       {W 000}     INITIAL COMMENTS     {W 000}     A revisit was conducted on 9/10/2021 for all previous deficiencies cited on 7/27/2021. All deficiencies have been corrected and no new noncompliance with all regulations surveyed.     {W 000}     INITIAL COMMENTS     {W 000}	BLUEWE		S-SWANNANOA RESIDENTIAL				
A revisit was conducted on 9/10/2021 for all previous deficiencies cited on 7/27/2021. All deficiencies have been corrected and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
previous deficiencies cited on 7/27/2021. All deficiencies have been corrected and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	{W 000}	INITIAL COMMEN	TS	{W 00(	0}		
		previous deficienci deficiencies have b noncompliance wa	es cited on 7/27/2021. All been corrected and no new s found. The facility is in				
LADURATURET URET TURET UR STUR PROVIDER STEPRESENTATIVE'S SIGNATORE TO THE CONTRACT OF CONTRACT.					7171 -		

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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