CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-0391 AND PLAN OF CORRECTION (N) PROVIDERISUPLIERCAID (N) MULTIFLE CONSTRUCTION (N) DUBTE SUPPORT AND PLAN OF CORRECTION 346240 B. WINC R 0913/2022 INMEL OF PROVIDER OF SUPPLIER 346240 B. WINC B. WINC R 0913/2022 INMEL OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13 DICKENS DRIVE R 0913/2022 INMEL OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13 DICKENS DRIVE R 0913/2022 INTELS STREET ADDRESS, CITY, STATE, ZIP CODE 13 DICKENS DRIVE R 0913/2022 IPPETIX SEMMARY STATEMENT OF DEFICIENCIES PROVIDERS AN OF CORRECTION CROSS-REFERENCED TO THE ADDRESS CITY, STATE, ZIP CODE 004/2 IPPETIX SEMMARY STATEMENT OF DEFICIENCIES PROVIDERS AN OF CORRECTION CROSS-REFERENCED TO THE ADDRESS CITY, STATE, ZIP CODE 004/2 Y0 000 INITIAL COMMENTS V 000 FERENCE V 000 FERENCE OPERATION W 000 INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS OPERATION V000 A revisit was conducted on 9/13/22 for all previous deficiencies were corrected and no new non-compliance with all regulations surveyed. INITIAL COMMENT INITIA	DEPART	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPRO							
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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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