CENTERS FOR MEDICARE & MEDICARD SERVICES OVM INC.0938-0391 AND PLAN OF CORRECTION (1) IPRVIDERSUMPLENCLA (1) IDENTIFICATION NUMBER: 34G185 (2) INLTTRE CONSTRUCTION (2) INLTAL COMMENTS STREET ADDRESS, CITY, STATE JP CODE (2) INLTAL COMMENTS (2) INLTAL COMMENTS (2) INTAL COMMENTS (2) INLTAL COMMENTS (2) INTAL COMMENTS (2) INTAL COMMENTS (2) INTAL COMMENTS (2) INTAL COMMENTS (2) INTAL COMMENTS (2) INTAL COMMENTS (2) I	DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED	
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ABORATORY 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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