CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-0331 TATTEMENT OF DEPICIENCES (2) MULTIPLE CONSTRUCTION (2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (1) DENTIFICATION NUMBER: (2) MULTIPLE CONSTRUCTION (2) MULTIPLE CONSTRUCTION AME OF PROVIDER OR SUPPLIER 346004 8. WING STREET ADDRESS, CTV, STATE, ZP CODE 05/02/2023 O'BERRY NEURO-MEDICAL TREATMENT CENTER STREET ADDRESS, CTV, STATE, ZP CODE 00 CLD SMITHFIELD RD 05/02/2023 O'BERRY NEURO-MEDICAL TREATMENT OF DEFORMCIES (0) CLD SURFACE, CTV, STATE, ZP CODE 00 CLD SMITHFIELD RD 05/02/2023 YAID SUMMAY STATEMENT OF DEFORMCIES (0) PREYNE PLAN OF CORRECTIVE ACTION SHOULD BE (20) CLD SURFACE, CTV, STATE, ZP CODE YAID SUMMAY STATEMENT OF DEFORMCIES (0) CLD SURFACE, CTV, STATE, ZP CODE (0) CLD SURFACE, CTV, STATE, ZP CODE YAID SUMMAY STATEMENT OF DEFORMCIES (0) CLD SURFACE, CTV, STATE, ZP CODE (0) CLD SURFACE, CTV, STATE, ZP CODE YAID SUMMAY STATEMENT OF DEFORMCIES (0) CLD SURFACE, CTV, STATE, ZP CODE (0) CLD SURFACE, CTV, STATE, ZP CODE YAID SUMMAY STATEMENT OF DEFORMCIES (0) CLD SURFACE, CTV, STATE, ZP CODE (0) CLD SURFACE, CTV, STATEMENT, STATEMENT, STATEMENT, STATEMEN	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED							
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CONDITIONS OF I Intermediate Care Intellectual Disabilit THROUGH 483.46	PARTICIPATION for Facilities for Individuals with ties found at 42 CFR 483.400 0 AND 42 CFR 483.480					
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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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