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AND FLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING COMPLETED 346275 B: WIND STREET ADDRESS, CITY, STATE, ZIP CODE SCI-ROANOKE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE SCI-ROANOKE HOUSE SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR US DENTIFYING INFORMATION PREFIX REGULATORY OR US DENTIFYING INFORMATION V000 INITIAL COMMENTS W 000 INITIAL COMMENTS A revisit was conducted on June 13, 2023 for all providue correctione and no new non-compliance was found. The facility is in compliance with all regulations surveyed.									
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		previous deficiencie All deficiencies wer non-compliance wa	es cited on April 10 - 11, 2023. re corrected and no new as found. The facility is in						
		/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG			TITI F		(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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