PRINTED: 11/22/2023 FORM APPROVED

4668 AUDREY DRIVE WINSTON SALEM, NC 27103 (X4) ID PROVIDER'S PLAN OF CORRECTION		(X3) DATE SUR COMPLET			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Division of Health Service Regul STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		
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