NT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 10/31/2024	
	MHL059-056				
PROVIDER OR SUPPLIER	l	DDRESS, CITY, ST	TATE, ZIP CODE		
RD HOME			1		
X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
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