CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 MAID PLAN OF CORRECTION MIDENTIFICATION NUMBER: DOM NUMPER CONSTRUCTION MIDENTIFICATION NUMBER: MAID PLAN OF CORRECTION MIDENTIFICATION NUMBER: DOM NUMPER CONSTRUCTION R MAID PLAN OF CORRECTION 49203 D. WING R INSECTION CONSTRUCTION CONSTRUCTION 1001822 R 10182022 INSECTION CONSTRUCTION CONSTRUCTION CONSTRUCTION TG CLEARVEW DRVE R 1001822 INSECTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION TG CLEARVEW DRVE CONSTRUCTION CONSTRUCT	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM AP						
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MA INITIAL COMMENTS (F 000) An offsite revisit survey was conducted on 08/822. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed. (F 000)	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	CTION SHOULD BECOMPLETIOND THE APPROPRIATEDATE	
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10/18/22 for all previous deficiencies cited on 8/18/22. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed. Image: Control of the facility is in compliance with all regulations surveyed. ADDREADED TO PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE Image: Control of the facility is in compliance with all regulations surveyed. Image: Control of the facility is in compliance with all regulations surveyed.	{F 000}		3	{F 00	0}		
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	LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATU	JRĒ	TITLE		(X6) DATE 09/01/2022

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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