CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO.0939-0391 STATEMON OF DEPICIENCES (P) PROVENENCIA (P) PROVENENCIA (P) PROVENENCIA AND FLAN OF CORRECTION (P) PROVIDER OR SUPPLIER (P) PROVIDER OR SUPPLIER (P) PROVIDER OR SUPPLIER CEDARS HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, 2P CODE 122 (2) CEDARS CT CHARLOTTES VILLE, VA 2203 STREET ADDRESS, CITY, STATE, 2P CODE 122 (2) CEDARS CT CHARLOTTES VILLE, VA 2203 STREET ADDRESS, CITY, STATE, 2P CODE 122 (2) CEDARS CT CHARLOTTES VILLE, VA 2203 STREET ADDRESS, CITY, STATE, 2P CODE 122 (2) CEDARS CT CHARLOTTES VILLE, VA 2203 (F) COD (C) CORRECTIVE ADTION BHOULD BE (C) CORRECTIVE ADTION BHOULD BE (F) COD) INITIAL COMMENTS (F) COD (C) CORRECTIVE ADTION BHOULD BE (C) COMENTS (F) COD) INITIAL COMMENTS (F) COD (F) COD (F) COD (F) COD An offsite paper revisit survey was conducted on 01/03/2023. All deficiencies ded on 10/03/2023. All deficiencies ded on 10/03/2023. All deficiencies have been corrected. The Facility is in compliance with all regulations surveyed. (F) COD	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED								
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		An offsite paper re 01/09/2023 for all p 10/13/2022 and 12/ Compliance date 0 have been correcte	visit survey was conducted on previous deficiencies cited on /7/2022, with the Allegation of 1/05/2023. All deficiencies ed. The facility is in						
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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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