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AND FLAN DE CORRECTION     IDENTIFICATION NUMBER:     A BUILDING		OMB NO. 0938-0391 (X3) DATE SURVEY				
498235         0.100000000000000000000000000000000000						COMPLETED
IMAGE OF PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE       WILLIAMSBURG POST ACUTE & REHABILITATION     ISTREET ADDRESS, CITY, STATE, ZIP CODE       (PAID PRETIX TAG     ISTREET ADDRESS, CITY, STATE, ZIP CODE       (PAID TAG     ISTREET ADDRESS, CITY, STATE, ZIP CODE       (F 000)     INITIAL COMMENTS       (F 000)     INITIAL COMMENTS       (F 000)     An offsite paper revisit survey was conducted on O773I2D23 for al previous deficiencies have been corrected as of 07/26/20/23. The facility is in compliance with all regulations surveyed.				5.11/10/0		
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PREFX TAG         (EACH DEFICIENCY MUST BE PRECIEDED BY FULL REGULTORY OR LSC IDENTFYING INFORMATION)         PREFX TAG         (EACH CORRECTACTION COTION TO MUST BE PRECIEDED BY FULL CROSS-REFERENCED TO THE APPOPRIATE         COMPLEX DEFICIENCY           (F 000)         INITIAL COMMENTS         (F 000)         (F 000)         An offsite paper revisit survey was conducted on 07/31/2023 for all previous deficiencies ofted on the survey ending 06/14/2023. All deficiencies have been corrected as of 07/20/2023. The facility is in compliance with all regulations surveyed.         (F 000)         Image: Complexity of the comple	WILLIAMS	BURG POST ACUTE &	REHABILITATION			
An offsite paper revisit survey was conducted on 07/31/2023 for all previous deficiencies cited on the survey ending 06/14/2023. All deficiencies have been corrected as of 07/26/2023. The facility is in compliance with all regulations surveyed.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE					TITLE	(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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