| A 002 1200-8-10 No Deficiencies A 002 During the Life Safety portion of the licensure survey conducted on 6/18/18, no deficiencies were cited under 1200-8-10, Standards for Ambulatory Surgical Treatment Facilities. | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A, BUILDING: 01 - MAIN | |
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| MAD A THE BOTH OF THE SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS PLAN OF CORRECTION PROFILE (MAD DEFICIENCY MADS HE PROCEEDED BY PRILL PRESENT (MAD DEFICIENCY MADS HE PROCEEDED BY PRILL PRESENT (MAD DEFICIENCY MADS HE PROCEEDED BY PRILL PRESENT (MAD DEFICIENCY) A 002 1200-8-10 No Deficiencies A 002 During the Life Safety portion of the licensure survey conducted on 8/18/18, no deficiencies were cited under 1200-8-10, Standards for Ambulatory Surgical Treatment Facilities. | | | TNPL53526 | B WING | | 06/18/2018 |
| PRÉÉR TAGO DEFICIENCY MUST BE PRECEDED BY TULL TAG GACH CORRECTIVA ACTION SHOULD BE COMMETTED. A 002 1200-8-10 No Deficiencies A 002 During the Life Safety portion of the licensure survey conducted on 6/18/18, no deficiencies were cited under 1200-8-10, Standards for Ambulatory Surgical Treatment Facilities. | | | EPRODUCTIVE HE 1547 V | VEST CLINCH A | VENUE | |
| During the Life Safety portion of the licensure survey conducted on 6/18/18, no deficiencies were cited under 1200-8-10, Standards for Ambulatory Surgical Treatment Facilities. Ambulatory Surgical Treatment Facilities. | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF | HOULD BE COMPLETE |
| survey conducted on 6/18/18, no deficiencies were cited under 1200-8-10, Standards for Ambulatory Surgical Treatment Facilities. nision of Healtin Care Facilities according to the standard of the standar | A 002. | 1200-8-10 No Defi | ciencies | A 002 | | |
| BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 7/9/15 | | survey conducted of were cited under 12 | on 6/18/18, no deficiencies 200-8-10, Standards for | | | |
| SORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 7/9/15 | | | | | | |
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| Kim Denison Administrator 7/9/18 | | | | | | |
| | BORATORY ATE FORM | Kim Den | ER/SUPPLIER REPRESENTATIVE'S | | Administrator ILH21 | (X6) DATE 7 /9 /18 |

Division of Health Care Facilities