TAG     REGULTORY OR LISCIDENTIFYING INFORMATION)     TXO     CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY     OMTE       (F 000)     INITIAL COMMENTS     (F 000)     (F 000)     Paper Compliance to the Recertification and State Licensure Survey completed on February 24, 2023.     (F 000)     (F 000)     Image: Transmission of the second state in	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM APPROVED	
AND PLANOC CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED   195102 a WANG STREET ADDRESS, OTY, STATE, 3P CODE B32282223   INMELOR FROWDER OR BUPPLIER STREET ADDRESS, OTY, STATE, 3P CODE STREET ADDRESS, OTY, STATE, 3P CODE STREET ADDRESS, OTY, STATE, 3P CODE   WILLER'S MERRY MANOR SIMUMARY STATEMENT OF DEFICIENCIES IP PAREY PAREY PAREY   PAREY SIMUMARY STATEMENT OF DEFICIENCIES IP PRESX IP PRESX IP   YAG RECH ORDIGENTY ON USE DENTIFYING INFORMATION) IP PRESX IP COMPLETE CORE FEE   YAG RECH ORDIGENCY ON USE DENTIFYING INFORMATION) IP PRESX IP IP CORE FEE <	CENTER	S FOR MEDICARE &	MEDICAID SERVICES			ON	/IB NO. 0938-0391	
155102     NAME OF PROVIDER OR SUPPLER     3328/2023       MULLER'S MERRY MANOR     STREAT DECISION OF SUPPLER     STREAT DECISION OF DECIDINATION OF DEFICIENCES     STREAT DECISION OF DEFICIENCES     STREAT DECISION SOULD BE     STREAT DEFICIENCY     STREAT DEFICIENCES				A. BUILDING		(X3	COMPLETED	
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State Licensure Survey completed on February     24, 2023.     Review date: March 28, 2023     Facility number: 000041     Provider number: 155102     AlM number: 100275400     Miller's Merry Manor of Plymouth was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the Recertification and State Licensure Survey.	{F 000}	INITIAL COMMENTS		{F 00	00}			
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in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the Recertification and State Licensure Survey.		Provider number: 155	5102					
		in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the Recertification and						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE				PE	тіті с			

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.

PRINTED: 03/29/2023