NDPLANOF CORRECTION IDENTIFICATION NUMBER: A BUILDING 155196 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALTENHEIM HEALTH & LIVING COMMUNITY STREET ADDRESS, CITY, STATE, ZIP CODE 000000000000000000000000000000000000	OMB NO. 0938-039 (X3) DATE SURVEY		(X2) MULTIPL	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		
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Quality review completed October 12, 2023.				eted October 12, 2023.	Quality review comple	

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: 10/13/2023