CENTERS FOR MEDICADE & MEDICAD SERVICES OMB NO. 0938-033 STREMENT OF DEFIDIENCIES MEDILANG CORRECTION (x) IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 156412 (x) MUTIFILE CONSTRUCTION A BUILDING (x) DATE SURVEY DATE SURVEY (x) DATE SURVEY COMFLETED NAME OF FROMODER OR SUPPLIER 156412 (x) MUTIFILE CONSTRUCTION A BUILDING (x) DATE SURVEY (x) DATE SURVEY GREEEWOOD HEALTH AND LIVING COMMUNITY STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE SURVEY, (x) DATE SURVEY (x) DATE SURVEY F 000 INITIAL COMMENTS ID RECULTORY OR LOC DESTITUTION OR RECEIPER STREET TAG (x) DATE SURVEY (x) DATE SURVEY F 000 INITIAL COMMENTS F 000 INITIAL COMMENTS F 000 (x) AND THE SURVEY F 000 INITIAL COMMENTS F 000 INITIAL COMMENTS (x) AND THE SURVEY (x) AND THE SURVEY Survey date: April 19, 20, 21, 22, and 23, 2021 F 000 (x) AND THE SURVEY (x) AND THE SURVEY Census Payor Type: Medicade: 50 (x) AND THE SURVEY (x) AND THE SURVEY (x) AND THE SURVEY (x) AND THE SURVEY Greenvood Health and Living Community was found to bei	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM							
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		Quality Review comp	leted on April 26, 2021.					

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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