

WV DHHR, Office of Health Facility Licensure and Certification

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 506138 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/16/2014 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER CELEBRATION VILLA OF TEAYS VALLEY (ALR// | STREET ADDRESS, CITY, STATE, ZIP CODE 4000 OUTLOOK DRIVE Hurricane, WV 25526 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| E 004 | Complaint Investigation Dates: June 12-13, 2014 Census:51 | E 004 | | |

| | | |
|--|-------|-----------|
| Office of Health Facility Licensure and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--|-------|-----------|