Department of Health & Human Services Centers for Medicare & Medicaid Services

AND PLAN OF DEFICIENCIES (X) PROVIDER/SUPPLIEP/CLIA (X) AUITIPLE CONSTRUCTION (X) DATE SUPPLY Spanish Fork Rehabilitation and U statisting statisting (X) DATE SUPPLY Spanish Fork Rehabilitation and U statisting statisting (X) PROVIDER OF SUPPLIEF State Conter Street Spanish Fork Rehabilitation and U to correct this deficiency, place context the nursing home or the state survey servey. (X) PROVIDER OF State Conter Street (X) ID PREFIX TAG Submark State Conter Street (X) PROVIDER OF State Conter Street (X) PROVIDER OF State Conter Street Level of Harn - Unknown Residents Affected - Unknown No health deficiencies found V V Residents Affected - Unknown Image: State Conter Street State Conter Street State Conter Street Spanish Fork Rehabilitation and U No health deficiencies found V V V Level of Harn - Unknown Residents Affected - Unknown Residents Affected - Unknown Resident State Conter Street V V Residents Affected - Unknown Resident State Conter Street V V V V State Conter Street V V V V V V V <tr< th=""><th></th><th></th><th></th><th></th></tr<>					
Spanish Fork Rehabilitation and Nursing 151 East Center Street Spanish Fork, UT 84660 For information on the nursing home's plan to correct this deficiency, please context the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Level of Harm - Unknown No health deficiencies found		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
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		No health deficiencies found			
Residents Affected - Unknown	Level of Harm - Unknown				
	Residents Affected - Unknown				

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Facility ID: 465183