## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

PRINTED: 02/05/2014 FORM APPROVED OMB NO. 0938-0391

SUMMAN OF DEFICIENCIES  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  3.45284  NAME OF PROVIDER OR SUPPLIER  THE OAKS  SUMMANY STATEMENT OF DEFICIENCIES  OF MINISTON SALEM, NC 27103  PREFY THE OAKS  SUMMANY STATEMENT OF DEFICIENCIES  (EACH REPOLATION MUST LIE PRESENDED BY PLUL REPOLATION OF CORRECTION OF CO	CENTERS FOR MEDICARE &		MEDIOMID OFFICE				110, 0000 0001	
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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.

Electronically Signed

01/31/2014