

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345096</b>	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE <b>HUNTERSVILLE OAKS</b> <b>12019 VERHOEFF DRIVE</b> <b>HUNTERSVILLE, NC 28078</b>	X3) DATE SURVEY COMPLETED  <b>09/05/2017</b>
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F 000 INITIAL COMMENTS

No deficiencies were cited as a result of the Complaint Investigation. Event 22UH11.