## Bells Nursing and Rehabilitation Center

### SUMMARY STATEMENT OF DEFICIENCIES

An annual re-certification survey was conducted on 5/28/13 through 5/30/13. Bells Nursing and Rehabilitation Center is in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care.

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
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<tbody>
<tr>
<td>F9999</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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</tbody>
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### FINAL OBSERVATIONS

- An annual re-certification survey was conducted on 5/28/13 through 5/30/13.
- Bells Nursing and Rehabilitation Center is in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care.

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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.