CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0934-031 AND PLAN OF CORRECTION (1) (PROVIDER/ONPLICE) (2) MULTIPLE CONSTRUCTION (2) MULTIPLE CONSTRUCTION<	DEPARTMENT OF REALTRAIND ROMAN SERVICES FORM APPROVED								
AND PLAN OF CORRECTION UBENTIFICATION NUMBER: A BUILDING				1					
NAME OF PROVIDER OR SUPPLIER Distribution INVERPOINT CREST NURSING AND REHABILITATION CENTER STREET ADDRESS CITY, STATE, POOL 2000 CLD CHERRY POINT ROAD NEW BERN, NC 23853 (%) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) PRETX (EACH DEFICIENCIES) PRETX (EACH DEFICIENCIES) PRETX (EACH DEFICIENCIES) PRETX (EACH DEFICIENCIES) Converting (CROSS REFERENCE) CROSS REFERENCE) <td colspan="2"></td> <td></td> <td colspan="2"></td> <td></td> <td colspan="2">(X3) DATE SURVEY COMPLETED</td>							(X3) DATE SURVEY COMPLETED		
INTERPOINT CREST NURSING AND REHABILITATION CENTER 200 OLD CHERRY POINT ROAD NEW BERN, NC 2865. IMPROFINE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WILST BE PRECEDED BY PUIL) PID PROFINENCE PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE AND SHOULD BE CROSS-REFERENCE) TO THE APPROFINATION (MORISSI DEMITING INFORMATION) PID PROFINENCE CORRECTIVE AND FORMATION SHOULD BE (EACH CORRECTIVE AND SHOULD BE (EACH CORR			345211	B. WING			04/	10/2014	
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ADDRATORY DIRECTORS OR PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE THE X0/X0E	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP	D BE COMPLÉTION		
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		requirements of 42 Long Term Care Fa	CFR Part 483, Subpart B for						
)FR/SUPPLIER REPRESENTATIVE'S SIG			TITI F		(X6) DATE	

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.

DEDADTMENT OF LIEALTH AND LUMANN SEDVICES

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