PRINTED: 03/02/2020 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  CAROLINA BAY HEALTHCARE CTR OF WILMINGTON  (X4) ID PREFIX TAG  (EACH DEPOCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. IDENTIFYING INFORMATION)  D 000  Initial Comments  A licensure follow up survey was conducted on 11/07/19 through 11/08/19. The facility is back into compliance effective 10/11/19.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  CAROLINA BAY HEALTHCARE CTR OF WILMINGTON  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 000  Initial Comments  A licensure follow up survey was conducted on 11/07/19 through 11/08/19. The facility is back  STREET ADDRESS, CITY, STATE, ZIP CODE  740 DIAMOND SHOALS ROAD  WILMINGTON, NC 28403  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  O 000  A licensure follow up survey was conducted on 11/07/19 through 11/08/19. The facility is back						R-C	
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON  T40 DIAMOND SHOALS ROAD WILMINGTON, NC 28403  (X4) ID PREFIX TAG  D 000 Initial Comments  A licensure follow up survey was conducted on 11/07/19 through 11/08/19. The facility is back			NH0649	B. WING		11/08/2019	
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11/07/19 through 11/08/19. The facility is back	D 000	Initial Comments		D 000			
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed 11/13/19