A. BUILDING ________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345477

(X2) MULTIPLE CONSTRUCTION

A. BUILDING ________________________

B. WING ____________________________

(X3) DATE SURVEY COMPLETED

C

10/21/2013

NAME OF PROVIDER OR SUPPLIER

THE OAKS AT SWEETEN CREEK

STREET ADDRESS, CITY, STATE, ZIP CODE

3864 SWEETEN CREEK RD

ARDEN, NC 28704

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

(X5) COMPLETION DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

F 000 INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation. Event ID #VG1C11.

F 000

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.