Cherry Point Bay Nursing and Rehabilitation Center 110 McCotter Blvd Havelock, NC 28532

Statement of Deficiencies and Plan of Correction

Provider/Supplier/CLIA Identification Number: 345487

(X2) Multiple Construction
A. Building
B. Wing

(X3) Date Survey Completed
C 02/17/2014

Name of Provider or Supplier

Cherry Point Bay Nursing and Rehabilitation Center

Street Address, City, State, Zip Code
110 McCotter Blvd
Havelock, NC 28532

Summary Statement of Deficiencies
(Each deficiency must be preceded by full regulatory or LSC identifying information)

(ID Prefix Tag) Initial Comments

F 000

No deficiencies were cited in the complaint investigation of 2/17/2014. Event ID U6F411.

Laboratory Director's or Provider/Supplier Representative's Signature

Electronically Signed

Date: 02/18/2014

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.