BAYVIEW NURSING & REHAB CENTER

3003 KENSINGTON PARK DRIVE
NEW BERN, NC  28560

No deficiencies were cited as a result of the complaint investigation of 5/28/2014. Event ID I0V611. Intake NC00097135.

ANN GOODSON, REGISTERED NURSE

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

Electronically Signed
06/06/2014

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.