### Statement of Deficiencies and Plan of Correction

The facility was found to be in compliance with the Medicaid/Medicare long term care regulations, 42 CFR part 483, subpart B during the recertification survey of 12/10/2015. No deficiencies cited as a result of complaint investigation Event TCU211 of 12/10/2015.

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>The facility was found to be in compliance with the Medicaid/Medicare long term care regulations, 42 CFR part 483, subpart B during the recertification survey of 12/10/2015. No deficiencies cited as a result of complaint investigation Event TCU211 of 12/10/2015.</td>
</tr>
</tbody>
</table>

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

Electronically Signed

*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.*

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**Next Steps**

- **Summary Statement of Deficiencies**
- **Provider's Plan of Correction**
- **Completion Date**

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**Facility Information**

- **Name of Provider or Supplier:** DAVIS HEALTH CARE CENTER
- **Street Address, City, State, Zip Code:** 1011 PORTERS NECK ROAD WILMINGTON, NC 28411

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**Provider Identification Number:** 345160

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**Survey Completion Date:** 12/10/2015