A. BUILDING ____________________________

B. WING ____________________________

NAME OF PROVIDER OR SUPPLIER

THE OAKS AT SWEETEN CREEK

STREET ADDRESS, CITY, STATE, ZIP CODE

3864 SWEETEN CREEK ROAD

ARDEN, NC  28704

No deficiencies were cited as a result of the complaint investigation. Event ID # PJWX11

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.
On May 2, 2019, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted an onsite revisit. The facility was found to be in compliance effective April 9, 2019.