A. BUILDING ________________________

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

345211

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ________________________
B. WING ________________________

(X3) DATE SURVEY COMPLETED
03/30/2021

NAME OF PROVIDER OR SUPPLIER
RIVERPOINT CREST NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2600 OLD CHERRY POINT ROAD
NEW BERN, NC  28563

(X4) ID PREFIX TAG
F 000 INITIAL COMMENTS

A follow up revisit and a complaint investigation survey were conducted from 3/29/21 through 3/30/21. Event ID# OBE611

Three of the 3 complaint allegations were not substantiated.

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

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

Electronically Signed
03/31/2021

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.