DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/11/2022 STATE, ZIP CODE 11/11/202	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CHERRY POINT BAY NURSING AND REHABILITATION CENTER (P410) (P41			245497					
CHERRY POINT BAY NURSING AND REHABILITATION CENTER 10 MCGOTTER BOULEVARD MAYELOCK, NC 28832				D. WING				11/2022
CHERRY POINT BAY NURSING AND REMABILITATION CENTER HAVELOCK, NC 28532	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
(C4) ID PREFEIX RESOLUTION OF DEFICIENCY BY FULL RESOLUTION FOR SECOND OF STATE OF THE APPROPRIATE RESOLUTION OF USE OF THE APPROPRIATE OF CROSS-REPERINGED TO THE APPROPRIATE	CHERRY POINT BAY NURSING AND REHARII ITATION CENTER				110 MCCOTTER BOULEVARD			
PREFIX TAG (EACH CORRECTIVE ACTION SET DENTIFYING INFORMATION) FROM INITIAL COMMENTS A paper follow up was completed on 01/11/22 and the facility is back into compliance effective 12/17/21.	On Entre	OINT DAT NOROING A	NETIABLETIATION SERVER		HAVELOCK, NC 28532			
A paper follow up was completed on 01/11/22 and the facility is back into compliance effective 12/17/21.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETION DATE
and the facility is back into compliance effective 12/17/21.	F 000	00 INITIAL COMMENTS		F	000			
		and the facility is bac						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE								AGO PATE

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.