	MEDICAID SERVICES			OMB N	O. 0938-0391	
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R 01/13/2022		
	345245					
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
PENDER MEMORIAL HOSP SNF			507 E FREMONT STREET			
			BURGAW, NC 28425			
X4) ID         SUMMARY STATEMENT OF DEFICIENCIES           'REFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL           TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	IOULD BE COMPLETION		
000 INITIAL COMMENTS		F 000				
	SUPPLIER REPRESENTATIVE'S SIGNATI I	RE	TITI F		(X6) DATE	
	OF DEFICIENCIES PROVIDER OR SUPPLIER MEMORIAL HOSP SNF SUMMARY ST (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS A paper follow-up was the facility is back into 12/23/21.	OP DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         JBENTIFICATION NUMBER:       345245         PROVIDER OR SUPPLIER       MEMORIAL HOSP SNF         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       INITIAL COMMENTS         A paper follow-up was conducted on 0/13/22 and the facility is back into compliance effective 12/23/21.       INITIAL COMMENTS	OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIP         DEPROVIDER OR SUPPLIER       345245       B. WING         DEPROVIDER OR SUPPLIER       B. WING       D         SUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX         REGULATORY OR LSC IDENTIFYING INFORMATION)       F 00         A paper follow-up was conducted on 0/13/22 and the facility is back into compliance effective       F 00	OF DEPICIENCES     (X1) PROVIDERSUPPLIER/CLAN     (X2) PULTIFIE CONSTRUCTION       A BUILDING	OF DEPICIENCIES     (N1) PROVIDERSUPPLIENCIA DENTIFICATION NUMBER     (N2) MUTURE CONSTRUCTION A BUILDING     (N3) PATI A BUILDING       STREET ADDRESS, OT', STATE, ZIP CODE S07 E FREMONT STREET BURGAW, NC 2425     (N4) PATI STREET ADDRESS, OT', STATE, ZIP CODE S07 E FREMONT STREET BURGAW, NC 2425       MEMORIAL HOSP SNF     STREET ADDRESS, OT', STATE, ZIP CODE S07 E FREMONT STREET BURGAW, NC 2425       Issummary statement of DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC IDENTIFYING INFORMATION)     PROVIDER STATE TAG       INITIAL COMMENTS     PROVIDER STRUET OT THE APPROPRIATE DEFICIENCY)     F 000	

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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