

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0649	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRADLEY CREEK HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	<p>Initial Comments</p> <p>A state licensure complaint investigatoin was conducted at the facility from 04/08/24 through 04/11/24. Event ID #USZV11.</p> <p>The following complaint intake was investigated: NC00214941</p> <p>3 of the 3 complaint allegations did not result in deficiency.</p>	D 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/22/24
---	-------	------------------------------