CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938- STATEMENT OF DEFICIENCIES OMB NO. 0938- STATEMENT OF DEFICIENCIES OMB NO. 0938- SUILDING STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION A. BUILDING (X2) MULTIPLE CONSTRUCTION A. BUILDING (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED SWIFT CREEK HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE SWIFT CREEK HEALTH CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS F 000 A complaint investigation was conducted from 5/8/24 to 5/9/24. The following intakes were investigated: NC 215087, NC216765, and NC 215208. Event: C7TF 11 F 000 INITIAL COMMENTS F 000	VED
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The six allegations did not result in deficiencies.	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Electronically Signed 05/24/2	

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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