

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 06/11/2024
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SWANSBORO- COTTAGE \			STREET ADDRESS, CITY, STATE, ZIP CODE 113 PELICAN CIRCLE SWANSBORO, NC 28584		
(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	
{C 000}	Initial Comments Report by Kelly Myers Based on your acceptable Plan of Corrections received on May 31, 2024, for a Biennial Construction Survey, all previously cited deficiencies are noted as being corrected through photo documentation. Therefore no further action is required.	{C 000}			

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

TITLE

(X6) DATE