State Form: Revisit Report

(Y1)	Provider / Supplier / CLIA / Identification Number AB0028	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 3/27/2013
Name	of Facility		Street Address, City, State, Zin Code	

A WOMAN'S CHOICE OF RALEIGH, INC

3305 DRAKE CIRCLE RALEIGH, NC 27607

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item		(Y5) Date	(Y4) Item		(Y5)	Date	(Y4)	ltem		(Y5)	Date
e ^a		Correction		•	C	Correction			2		Correction
ID Prefix	E0127	Completed 03/27/2013	ID Dansey	F04.44	C	Completed					Completed
		03/2//2013	ID Prefix		0	3/27/2013		ID Prefix			03/27/2013
	.0206(4)		, Reg. #					Reg. #	.0311(A)		*****
			1.30				<u> </u>	LSC			
		Correction				Correction			-		0
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ID Prefix	E0158	03/27/2013	ID Prefix	E0163		3/27/2013		ID Prefix	E169		03/27/2013
-	.0311(B)		Reg. #	.0313(C)				Reg.#	.0402		
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Reviewed B	у	Reviewed By	Date:	Signature	of Surve	evorz /		,,		Date:	4
State Agenc	у	ή.		We	blu	MA	Nu	-		3/29	2/20/3
Reviewed By		Reviewed By	Date:	Signature of Surveyor:			Date:				
CMS RO						_					\$
Followup to Survey Completed on:				Check for any	/ Uncorre	cted Deficie	encie	s. Was a !	Summary of		
	1/24/	/2013		Uncorrecte	d Deficie	ncies (CMS	-2567) Sent to t	he Facility?	YES	NO
			•	Ex.							