POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION A. Building		DATE OF REVISIT	
	B. Wing	Y2	4/9/2018	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
JACOB'S CREEK NURSING AND	REHABILITATION CENTER	1721 BALD HILL LOOP		
		MADISON, NC 27025		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITE	м	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	F0580 483.10(g)(14)(i)-(Correction iv)(15) 04/06/2018	ID Prefix Reg. # LSC	F0600 483.12(a)(1)	Correction Completed 04/06/2018	ID Prefix Reg. # LSC	F0842 483.20(f)(5), 483.7 (5)		Correction Completed 04/06/2018
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC			Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			
REVIEWED BY REVIEWED BY (INITIALS)		DATE	SIGNAT	FURE OF SURVEYOR	1		DATE		
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/14/2018					CORRECTED DEFICIENCIES ICIENCIES (CMS-2567) SEN				
Form CMS - 2567B (09/92) EF (11/06)				Page 1	1 of 1		EVENT ID:	4TWV12	