POST-CERTIFICATION REVISIT REPORT

1 001 021(11110/(1101(1121)01(1121)01(1									
PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION			DATE OF REVIS	SIT				
IDENTIFICATION NUMBER	A. Building								
345061 _{Y1}	B. Wing		Y2	5/2/2018	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE							
PRUITTHEALTH-DURHAM		3100 ERWIN ROAD							
		DURHAM, NC 27705							
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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).

ITEM DATE			ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0637	Correction	ID Prefix	F0638	Correction
Reg.#	483.10(a)(1)(2)(b)	(1)(2) Completed	Reg. #	483.20(b)(2)(ii)	Completed	Reg. #	483.20(c)	Completed
LSC		04/25/2018	LSC		04/25/2018	LSC		04/25/2018
ID Prefix	F0656	Correction	ID Prefix	F0658	Correction	ID Prefix	F0690	Correction
	483.21(b)(1)			483.21(b)(3)(i)			483.25(e)(1)-(3)	
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC		04/25/2018	LSC		04/25/2018	LSC		04/25/2018
ID Prefix	F0867	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg.#	483.75(g)(2)(ii)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		04/25/2018	LSC			LSC		
		<u> </u>					-	
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 STATE AGENCY (INITIALS)		DATE	SIGNATURE C	OF SURVEYOR		DA	NTE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DA	NTE
FOLLOWUP TO SURVEY COMPLETED ON 3/29/2018			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					YES NO