		POST	-CERT	IFICATION	N REVISIT RE	EPORT				
			NSTRUCTION						DATE OF REVISIT	
345434	CATION NUMBER Y1	A. Building B. Wing					Y2	5/6/2018	Y 3	
NAME OF	FACILITY				STREET ADDRESS, CIT	Y, STATE, ZIP COI	DE			
CARVER	R LIVING CENTER				303 EAST CARVER STREET					
					DURHAM, NC 27704					
program, corrected provision	ort is completed by a qual to show those deficienci d and the date such corre number and the identific ey report form).	es previously repo ctive action was a	orted on the ccomplishe	CMS-2567, Stater d. Each deficiency	ment of Deficiencies and should be fully identifie	Plan of Correction of Using either the	on, that have e regulation o	r LSC		
ITEM DATI		DATE	ITEM		DATE	ITEM		DA	TE	
Y4		Y5	Y4		Y5	Y4		Y	′ 5	
ID Prefix	F0677 483.24(a)(2)	Correction Completed	ID Prefix	F0732 483.35(g)(1)-(4)	Correction	ID Prefix —			rection	
LSC		 04/11/2018 	LSC		04/11/2018	LSC				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Con	rection	
Reg.#		Completed	Reg. #		Completed	Reg. #		Con	npleted	
LSC		_	LSC			LSC				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Cori	rection	
Reg. #		Completed	Reg. #		Completed	Reg. #		Con	npleted	
LSC		-	LSC			LSC				

LSC		LSC		LSC		
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE		DATE	
FOLLOWUP TO SURVEY	COMPLETED ON	CHECK FOR A	□ves □ NO			

ID Prefix

Reg. #

ID Prefix

Reg. #

LSC

Correction

Completed

Correction

Completed

ID Prefix

Reg. #

ID Prefix

Reg. #

3/28/2018

LSC

ID Prefix

Reg. #

ID Prefix

Reg. #

LSC

Correction

Completed

Correction

Completed

YES NO

Correction

Completed

Correction

Completed