## POST-CERTIFICATION REVISIT REPORT

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	R / SUPPLIER / C		MULTIPLE CONSTRUCTION  A. Building								DATE (	OF REVISIT
			A. Building B. Wing								5/8/20	18 <sub>Y3</sub>
NAME OF	FACILITY						STREET	ADDRESS, CIT	Y, STATE, ZIF			
AMBASSADOR REHAB & HEALTHCARE CENTER							2051 COUNTRY CLUB ROAD					
							WADESBORO, NC 28170					
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	F0641		Correction	ID Prefix	F0693			Correction	ID Prefix	F0695		Correction
Reg.#	483.20(g)		Completed	Reg. #	483.25(g)(	(4)(5)		Completed	Reg. #	483.25(i)		Completed
LSC			04/25/2018	LSC				04/25/2018	LSC			04/25/2018
ID Prefix	F0757		Correction	ID Prefix	F0865			Correction	ID Prefix			Correction
Reg. #	483.45(d)(1)-(6)		Completed	Reg. #	483.75(a)(	(2)(h)(i)		Completed	Reg. #			Completed
LSC			04/25/2018	LSC				04/25/2018	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
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Reg. #			Completed	Reg. #				Completed	Reg.#			Completed
LSC				LSC					LSC			_
REVIEWED BY REVIEWER (INITIALS)				DATE	s	SIGNATUR	E OF SU	RVEYOR			DATE	
REVIEWE	D BY		REVIEWED BY		DATE		TITLE					

4/5/2018

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO