## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION	DATE OF REVISIT		
IDENTIFICATION NUMBER	A. Building			
345535 <sub>Y1</sub>	B. Wing	Y2	5/22/2018	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
ADAMS FARM LIVING & REHABIL	ITATION	5100 MACKAY ROAD		
		JAMESTOWN NC 27282		

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 Reg. # LSC	F0636 483.20(b)(1)(2)(i)	iii) Correction O5/14/2018	ID Prefix Reg. # LSC	F0658 483.21(t	o)(3)(i)	Correction Completed 05/14/2018	ID Prefix Reg. # LSC	F0684 483.25	Correction Completed 05/14/2018
ID Prefix Reg. # LSC	F0692 483.25(g)(1)-(3)	Correction Completed 05/14/2018	ID Prefix Reg. # LSC	F0867 483.75(g	g)(2)(ii)	Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed	ID Prefix Reg. # LSC		Correction
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed	ID Prefix Reg. # LSC		Correction
REVIEWED BY STATE AGENCY     REVIEWED BY (INITIALS)       REVIEWED BY CMS RO     REVIEWED BY (INITIALS)       FOLLOWUP TO SURVEY COMPLETED ON				ED DEFICIENCIES. WAS A SUMMARY OF					
4/16/2018	UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?								