		POST	-CERT	IFICATIO	N REVISIT R	EPORT	- 			
PROVIDER / SUP			MULTIPLE CONSTRUCTION						DATE OF REVISIT	
IDENTIFICATION 345144	A. Building B. Wing			Y2			5/24/2018 _{Y3}			
NAME OF FACILI	TY		STREET ADDRESS, CITY, STATE, ZIP CODE							
PINE RIDGE HEALTH AND REHABILITATION CENTER					706 PINEYWOOD ROAD					
					THOMASVILLE, NC 27360					
program, to show corrected and the	w those deficience date such controller and the iden	encies previously reporterive action was a	orted on the accomplishe	CMS-2567, State d. Each deficienc	and/or Clinical Laborato ment of Deficiencies and y should be fully identifie -2567 (prefix codes sho	d Plan of Cor ed using eith	rection, that have er the regulation or	r LSC		
ITEM		DATE	ITEM		DATE	DATE ITEM			DATE	
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix F0600)	Correction	ID Prefix	F0686	Correction	ID Prefix	F0725		Correction	
Reg. # 483.12	?(a)(1)	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.35(a)(1)(2)		Completed	
		05/14/2018			05/14/2018				05/14/2018	
LSC		03/14/2016	LSC		03/14/2016	LSC			03/14/2016	
ID Prefix F0835	5	Correction	ID Prefix		Correction	ID Prefix			Correction	
483.70 Reg. #)	Completed	Reg. #		Completed	Reg.#			Completed	
LSC		05/14/2018	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				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed	
LSC			LSC			LSC				
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATU	IRE OF SURVEYOR			DATE		

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

REVIEWED BY

CMS RO

3/1/2018

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

DATE

YES NO

DATE