## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	OVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							
IDENTIFICATION NUMBER	A. Building							
345293 <sub>Y1</sub>	B. Wing	Y2	6/26/2018	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
RICHMOND PINES HEALTHCARE	AND REHABILITATION CENTE	HIGHWAY 177 S BOX 1489						
		HAMLET, NC 28345						

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).

ITE	M	DATE	ITEM		DATE	ITEM			DATE
Y4	ļ	Y5	Y4		Y5	Y4			
ID Prefix	F0550	Correction	ID Prefix	F0561	Correction	ID Prefix	F0600		Correction
Reg.#	483.10(a)(1)(2)(b)(1)(	2) Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg.#	483.12(a)(1)	Complet	
LSC		05/24/2018	LSC		05/24/2018	LSC			05/24/2018
ID Prefix	F0623	Correction	ID Prefix	F0625	Correction	ID Prefix	F0641		Correction
Reg. #	483.15(c)(3)-(6)(8) Completed		Reg. #	483.15(d)(1)(2)	Completed	Reg. #	483.20(g)		Completed
LSC		05/24/2018	LSC		05/24/2018	LSC			05/24/2018
ID Prefix	F0644	Correction	ID Prefix	F0656	Correction	ID Prefix	F0657		Correction
Reg. #	483.20(e)(1)(2)	Completed	Reg. #	483.21(b)(1)	Completed	Reg. #	483.21(b)(2)(i)-(iii)		Completed
LSC		05/24/2018	LSC		05/24/2018	LSC			05/24/2018
ID Prefix	F0658	Correction	ID Prefix	F0675	Correction	ID Prefix	F0677		Correction
Reg.#	483.21(b)(3)(i)	Completed	Reg.#	483.24	Completed	Reg. #	483.24(a)(2)		Completed
LSC		05/24/2018	LSC		05/24/2018	LSC		05/24/201	
ID Prefix	F0686	Correction	ID Prefix	F0688	Correction	ID Prefix	F0689		Correction
Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.25(c)(1)-(3)	Completed	Reg.#	483.25(d)(1)(2)		Completed
LSC		05/24/2018	LSC		05/24/2018	LSC			05/24/2018
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE	OF SURVEYOR	SURVEYOR				
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE	TITLE				

## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTR											DATE O	F REVISIT
IDENTIFICATION NUMBER 345293 A. Building B. Wing										Y2	6/26/20	18 <sub>Y3</sub>
NAME OF FACILITY RICHMOND PINES HEALTHCARE AND REHABILIT				TATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345					
program, corrected provision	to show those d and the date su	eficiencie ich correc	s previously repo tive action was a	orted on the ccomplished	CMS-25 d. Each	567, Statem deficiency	nent of D should	eficiencies and be fully identifie	I Plan of Cored using either	ent Amendments rection, that have er the regulation or of each requireme	LSC	
ITEM DATE		ITEM				DATE	ITEM			DATE		
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0695		Correction	ID Prefix	F0756			Correction	ID Prefix	F0757		Correction
Reg. #	483.25(i)		Completed	Reg. #	483.45(	c)(1)(2)(4)(5)	)	Completed	Reg.#	483.45(d)(1)-(6)		Completed
LSC			05/24/2018	LSC				05/24/2018	LSC			05/24/2018
ID Prefix	F0758		Correction	ID Prefix	F0760			Correction	ID Prefix	F0801		Correction
Reg. #	483.45(c)(3)(e)(1)	)-(5)	Completed	Reg. #	483.45(	f)(2)		Completed	Reg. #	483.60(a)(1)(2)		Completed
LSC			05/24/2018	LSC				05/24/2018	LSC			05/24/2018
ID Prefix	F0812		Correction	ID Prefix	F0849			Correction	ID Prefix	F0865		Correction
Reg.#	# 483.60(i)(1)(2) Complete		Completed	Reg. #	483.70(o)(1)-(4)		Completed	Reg. #	483.75(a)(2)(h)(i)		Completed	
LSC			05/24/2018	LSC				05/24/2018	LSC	-		05/24/2018
ID Prefix	F0883		Correction									
Reg.#	483.80(d)(1)(2)		Completed									
LSC			05/24/2018	1								
DEVIEWE:	D BY	DEVES	IED BY	DATE		SIGNATUR	DE OF 311	IDVEVOR			DATE	
REVIEWED BY STATE AGENCY [INITIALS]		DATE SIGNATUI		JRE OF SURVEYOR				DATE				
REVIEWED BY CMS RO (INITIALS)			DATE TITLE							DATE		
FOLLOWUP TO SURVEY COMPLETED ON 4/26/2018			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES NO							s 🔲 no		