

POST-CERTIFICATION REVISIT REPORT

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|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345293 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 6/26/2018 | Y3 |
| NAME OF FACILITY RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 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).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|------------------------|----------------------------|-----------------------|------------------------------|------------|
| 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) | Completed |
| 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 | 05/24/2018 |
| 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 <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | | DATE |

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| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE 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) | 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 | | | | |

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|---|------------------------|---|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 4/26/2018 | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |