		POST	-CERT	TIFICATION	N RE	EVISIT RE	EPORT	•			
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345049		MULTIPLE CONSTRUCTION A. Building B. Wing							8/8/201	DF REVISIT	
NAME OF FACILITY				STREE	•						
RALEIGH REHABILITATION CENTER					616 WADE AVENUE RALEIGH, NC 27605						
program, corrected provision	ort is completed by a qual to show those deficienced and the date such corre number and the identifice ey report form).	es previously repo ctive action was a	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	nent of l	Deficiencies and be fully identifie	Plan of Cored using eith	rection, that have er the regulation o	r LSC		
ITEM		DATE	ITEM			DATE	ITEM			DATE	
Y4		Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0550	Correction	ID Prefix	F0580		Correction	ID Prefix	F0609		Correction	
Reg.#	483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. #	483.10(g)(14)(i)-(iv)	(15)	Completed	Reg.#	483.12(c)(1)(4)		Completed	
LSC		08/07/2018	LSC			08/07/2018	LSC			08/07/2018	
ID Prefix	F0677	Correction	ID Prefix	F0686		Correction	ID Prefix	F0842		Correction	
Reg.#	483.24(a)(2)	Completed	Reg. #	483.25(b)(1)(i)(ii)		Completed	Reg. #	483.20(f)(5), 483.7(5)	0(i)(1)-	Completed	
LSC		08/07/2018	LSC			08/07/2018	LSC			08/07/2018	
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ID Prefix		Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg. #		Completed	Reg. #			Completed	Reg. #			Completed	

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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 STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF	SURVEYOR		DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY 7/12/2018	COMPLETED ON				S. WAS A SUMMARY OF IT TO THE FACILITY?	YES NO	
Form CMS - 2567B (09/92	2) EF (11/06)	1	Page 1 of 1	3WXO12			