		POST	-CERT	IFICATION	N REVISIT R	EPORT	•			
	R / SUPPLIER / CLIA / CATION NUMBER	A. Building	· ·						DATE OF REVISIT 8/14/2018 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
THE PRESBYTERIAN HOME OF HAWFIELDS					2502 S NC 119 MEBANE, NC 27302					
program, corrected provision	ort is completed by a qua to show those deficienced and the date such correct number and the identification by report form).	es previously repo ective action was a	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	nent of Deficiencies and should be fully identified	d Plan of Cor ed using eith	rrection, that have er the regulation o	r LSC		
ITEM		DATE	ITEM		DATE	ITEM			DATE	
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix Reg. #	F0600 483.12(a)(1)	Correction Completed	ID Prefix	F0607 483.12(b)(1)-(3)	Correction	ID Prefix	F0610 483.12(c)(2)-(4)		Correction	
LSC		08/11/2018	LSC		08/11/2018	LSC			08/11/2018	
ID Prefix	F0838 483.70(e)(1)-(3)	Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. # LSC		Completed 08/11/2018	Reg. # LSC		Completed	Reg. # LSC			Complete	u
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	า
Reg. #		Completed	Reg. #		Completed	Reg. #			Complete	d
LSC			LSC			LSC				