483.21(b)(1)

F0688

Completed

08/13/2018

Correction

Reg.#

**ID Prefix** 

LSC

POST-CERTIFICATION REVISIT REPORT					
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION					DATE OF REVISIT
IDENTIFICATION NUMBER 345006	A. Building B. Wing			,	8/17/2018 <sub>Y3</sub>
NAME OF FACILITY		STREET ADDRESS, CIT	STREET ADDRESS, CITY, STATE, ZIP CODE		
BLUMENTHAL NURSING & REHABILITATION CENTER 3724 WIREL					
GREENSBORO, NC 27455					
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	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix F0656	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction

Completed

08/13/2018

Correction

Reg. #

**ID Prefix** 

LSC

483.25(b)(1)(i)(ii)

Completed

08/13/2018

Correction

483.24(a)(2)

F0865

Reg. #

**ID Prefix** 

LSC