

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345054	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/22/2018	Y3
NAME OF FACILITY WOODHAVEN NURS & ALZHEIMER'S C			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		

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 F0578	Correction	ID Prefix F0604	Correction	ID Prefix F0610	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	08/24/2018	LSC	08/24/2018	LSC	08/24/2018
ID Prefix F0638	Correction	ID Prefix F0641	Correction	ID Prefix F0655	Correction
Reg. # 483.20(c)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(a)(1)-(3)	Completed
LSC	08/24/2018	LSC	08/24/2018	LSC	08/24/2018
ID Prefix F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0658	Correction
Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	08/24/2018	LSC	08/24/2018	LSC	08/24/2018
ID Prefix F0686	Correction	ID Prefix F0756	Correction	ID Prefix F0757	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(d)(1)-(6)	Completed
LSC	08/24/2018	LSC	08/24/2018	LSC	08/24/2018
ID Prefix F0758	Correction	ID Prefix F0761	Correction	ID Prefix F0812	Correction
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	08/24/2018	LSC	08/24/2018	LSC	08/24/2018

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345054	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/22/2018	Y3
NAME OF FACILITY WOODHAVEN NURS & ALZHEIMER'S C			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		

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 F0867	Correction	ID Prefix F0880	Correction		
Reg. # 483.75(g)(2)(ii)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed		
LSC	08/24/2018	LSC	08/24/2018		

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
FOLLOWUP TO SURVEY COMPLETED ON 7/27/2018		<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		