			PUS 1	-CERI	IFICATION	N REVISIT RE	EPURI				
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS IDENTIFICATION NUMBER A. Building				TRUCTION					DATE OF REVISIT		
345049	ATION NOWD		B. Wing					Y2	11/2/20	18 <sub>Y3</sub>	
NAME OF	FACILITY					STREET ADDRESS, CIT	Y, STATE, ZIP C		<u> </u>		
RALEIGH	I REHABILIT	ATION CE	NTER			616 WADE AVENUE					
						RALEIGH, NC 27605	H, NC 27605				
program, corrected provision	to show thos and the date	se deficiend such corr the identif	cies previously reprective action was a	orted on the accomplished	CMS-2567, Stater J. Each deficiency	and/or Clinical Laborato nent of Deficiencies and should be fully identifie 2567 (prefix codes show	Plan of Corrected using either	ction, that have the regulation o	r LSC		
ITEN	Л		DATE	ITEM		DATE	ITEM			DATE	
Y4			Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0677		Correction	ID Prefix	F0690	Correction	ID Prefix			Correction	
Reg. #	483.24(a)(2)		Completed	Reg. #	483.25(e)(1)-(3)	Completed	Reg. #			Completed	
LSC			10/29/2018	LSC		10/29/2018	LSC				
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed	
LSC				LSC			LSC				
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed	
LSC				LSC			LSC				
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed	
LSC				LSC			LSC				
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. # Completed			Reg. #		Completed	Reg. #			Completed		
LSC			LSC			LSC					
REVIEWED BY STATE AGENCY (INITIALS)				DATE	SIGNATUI	RE OF SURVEYOR			DATE		
REVIEWEI	_	REVII (INITI	EWED BY ALS)	DATE	TITLE					DATE	
FOLLOWU	IP TO SURVE	Y COMPLE	TED ON			RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			□ ve	:	

10/14/2018

YES NO