			P081	-CERI	IFIC.	<u>AHO</u> r	N KE	VISII RE	<u> </u>				
	R / SUPPLIER / C		MULTIPLE CONSTRUCTION								DATE OF REVISIT		
IDENTIFICATION NUMBER A. Building 345155 Y1 B. Wing											11/9/2018 _{Y3}		
NAME OF	FACILITY						STREE	TADDRESS, CIT	Y, STATE, ZIF	CODE			
RANDOLPH HEALTH AND REHABILITATION CENTER 230 E								0 EAST PRESNELL STREET					
							ASHEBORO, NC 27203						
program, corrected provision	to show those and the date s	deficiencie uch correc	s previously repo tive action was a	orted on the accomplished	CMS-25 d. Each	67, Staten deficiency	nent of D should I	eficiencies and be fully identifie	Plan of Cored using either	ent Amendments rection, that have er the regulation o of each requirem	r LSC		
ITEM			DATE	ITEM				DATE	ITEM			DATE	
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0677		Correction	ID Prefix	F0697			Correction	ID Prefix	F0842		Correction	
Reg.#	483.24(a)(2)		Completed	Reg. #	483.25(I	<)		Completed	Reg.#	483.20(f)(5), 483.7 (5)	0(i)(1)-	Completed	
LSC			- 11/09/2018 -	LSC				11/09/2018	LSC			11/09/2018	
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				
D Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #		Completed	Reg. #			Completed	Reg. #			Completed			
LSC			-	LSC					LSC				
REVIEWED BY STATE AGENCY (INITIALS)				DATE		SIGNATUF	RE OF SU	IRVEYOR	l		DATE		
REVIEWED BY CMS RO		REVIEWED BY (INITIALS)		DATE		TITLE					DATE		

8/24/2018

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO