POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building		DATE OF REVISIT	
	B. Wing	Y2	11/20/2018	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
SENIOR CITIZENS HOME		2275 RUIN CREEK ROAD		
		HENDERSON, NC 27537		

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).

ITE	EM .	DATE	ITEM		DATE	ITEM			DATE
Y4	1	Y5	Y4		Y5	Y4			Y5
ID Prefix	F0553	Correction	ID Prefix	F0554	Correction	ID Prefix	F0558		Correction
Reg.#	483.10(c)(2)(3)	Completed	Reg. #	483.10(c)(7)	Completed	Reg.#	483.10(e)(3)		Completed
LSC		11/02/2018	LSC		11/02/2018	LSC			- 11/02/2018 -
ID Prefix	F0584	Correction	ID Prefix	F0600	Correction	ID Prefix	F0607		Correction
Reg. #	483.10(i)(1)-(7)	Completed	Reg. #	483.12(a)(1)	Completed	Reg.#	483.12(b)(1)-(3)		Completed
LSC		11/02/2018	LSC		11/02/2018	LSC			11/02/2018
ID Prefix	F0609	Correction	ID Prefix	F0623	Correction	ID Prefix	F0641		Correction
Reg. #	483.12(c)(1)(4)	Completed	Reg. #	483.15(c)(3)-(6)(8)	Completed	Reg. #	483.20(g)		Completed
LSC		11/02/2018	LSC		11/02/2018	LSC			11/02/2018
ID Prefix	F0656	Correction	ID Prefix	F0677	Correction	ID Prefix	F0688		Correction
Reg. #	483.21(b)(1)	Completed	Reg. #	483.24(a)(2)	Completed	Reg.#	483.25(c)(1)-(3)		Completed
LSC		11/02/2018	LSC		11/02/2018	LSC			11/02/2018
ID Prefix	F0695	Correction	ID Prefix	F0732	Correction	ID Prefix	F0760		Correction
Reg. #	483.25(i)	Completed	Reg. #	483.35(g)(1)-(4)	Completed	Reg.#	483.45(f)(2)		Completed
LSC		11/02/2018	LSC		11/02/2018	LSC			- 11/02/2018 -
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE C	OF SURVEYOR	1		DATE		
REVIEWED BY CMS RO (INITIALS)			DATE TITLE					DATE	

POST-CERTIFICATION REVISIT REPORT

						11 10/11/01	1 1 L V 1 O 1 1 1 L					
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345316 MULTIPLE CONS A. Building B. Wing				A. Building						DATE OF REVISIT 11/20/2018 v2		
345316			Y1	B. Willy			1		Y2	11/20/20	Y3	
NAME OF	FACILITY						STREET ADDRESS, CIT	Y, STATE, ZIF	CODE			
SENIOR CITIZENS HOME						2275 RUIN CREEK ROAD						
							HENDERSON, NC 27537					
program, corrected provision	to show th	ose do ate su nd the	eficiencie: ch correct	s previously repo tive action was a	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	and/or Clinical Laborato nent of Deficiencies and should be fully identifie 2567 (prefix codes show	I Plan of Cored using either	rection, that have er the regulation or	r LSC		
ITEM DATE			DATE	ITEM		DATE	ITEM			DATE		
Y4				Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0761			Correction	ID Prefix	F0812	Correction	ID Prefix	F0880		Correction	
	483.45(g)(l	h)(1)(2)		-		483.60(i)(1)(2)			483.80(a)(1)(2)(4)(2)/f)		
Reg.#	465.45(g)(i	11)(1)(2)		Completed	Reg. #	403.00(1)(1)(2)	Completed	Reg. #	403.00(a)(1)(2)(4)(i	-)(1)	Completed	
LSC				11/02/2018	LSC		11/02/2018	LSC			11/02/2018	
ID Prefix Reg. # LSC	F0920 483.90(h)(1)-(4)		Correction Completed 11/02/2018								
REVIEWE STATE AG			REVIEW (INITIAL)		DATE	SIGNATUR	RE OF SURVEYOR	<u> </u>		DATE		
REVIEWE CMS RO	D BY		REVIEW (INITIALS		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 9/28/2018					RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			YES	□ №			
F OMO OFOTD (00/00) - FF (44/00)			·				E) /ENT ID	0)/[20:15				