## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	OVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							
IDENTIFICATION NUMBER	A. Building							
345293 <sub>Y1</sub>	B. Wing	Y2	12/6/2018	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
RICHMOND PINES HEALTHCARE	AND REHABILITATION CENTE	HIGHWAY 177 S BOX 1489						
		HAMLET, NC 28345						

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	ļ	Y5	Y4		Y5	Y4			Y5
ID Prefix	F0558	Correction	ID Prefix	F0561	Correction	ID Prefix	F0571		Correction
Reg.#	483.10(e)(3)	Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg. #	483.10(f)(11)(i)-(iii)		Completed
LSC		11/15/2018	LSC		11/15/2018	LSC			- 11/15/2018 -
ID Prefix	F0584	Correction	ID Prefix	F0585	Correction	ID Prefix	F0600		Correction
Reg.#	483.10(i)(1)-(7)	Completed	Reg. #	483.10(j)(1)-(4)	Completed	Reg. #	483.12(a)(1)		Completed
LSC		11/15/2018	LSC		11/15/2018	LSC			- 11/15/2018 -
ID Prefix	F0607	Correction	ID Prefix	F0641	Correction	ID Prefix	F0656		Correction
Reg. #	483.12(b)(1)-(3)	Completed	Reg. #	483.20(g)	Completed	Reg. #	483.21(b)(1)		Completed
LSC		11/15/2018	LSC		11/15/2018	LSC			11/15/2018
ID Prefix	F0658	Correction	ID Prefix	F0677	Correction	ID Prefix	F0689		Correction
Reg.#	483.21(b)(3)(i)	Completed	Reg.#	483.24(a)(2)	Completed	Reg.#	483.25(d)(1)(2)		Completed
LSC		11/15/2018	LSC		11/15/2018	LSC			11/15/2018
ID Prefix	F0690	Correction	ID Prefix	F0692	Correction	ID Prefix	F0693		Correction
Reg. #	483.25(e)(1)-(3)	Completed	Reg. #	483.25(g)(1)-(3)	Completed	Reg.#	483.25(g)(4)(5)		Completed
LSC		11/15/2018	LSC		11/15/2018	LSC			11/15/2018
REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATURE (	OF SURVEYOR	I		DATE	
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE				DATE	

## **POST-CERTIFICATION REVISIT REPORT**

	CATION NUN			A. Building B. Wing	TRUCTION					Y	12/6/20	18 <sub>Y3</sub>
NAME OF FACILITY RICHMOND PINES HEALTHCARE AND REHABILIT					TATION CE	NTE	HIGHW	T ADDRESS, CIT /AY 177 S BOX 14 ET, NC 28345	•			
program, corrected provision	to show the	ose de ate su nd the	eficiencie ch correc	s previously repo tive action was a	orted on the ccomplishe	edicare, Medicaid a CMS-2567, Stater d. Each deficiency hown on the CMS-	ment of E / should	Deficiencies and be fully identifie	Plan of Cored using either	rection, that haver the regulation	e been or LSC	
ITEM DATE			ITEM			DATE	ITEM			DATE		
Y4				Y5	Y4			Y5	Y4			Y5
ID Prefix	F0757			Correction	ID Prefix	F0758		Correction	ID Prefix	F0760		Correction
Reg.#	483.45(d)(1	1)-(6)		Completed	Reg. #	483.45(c)(3)(e)(1)-(	5)	Completed	Reg.#	483.45(f)(2)		Completed
LSC				- 11/15/2018 -	LSC			11/15/2018	LSC			11/15/2018
ID D . "				0 "	10 D C			0 "	ID D . f			0 "
ID Prefix	F0761 483.45(g)(h	n)(1)(2)		Correction	ID Prefix	F0842 483.20(f)(5), 483.70		Correction	ID Prefix	F0867 483.75(g)(2)(ii)		Correction
Reg. #		.,( . ,(=)		Completed - 11/15/2018	Reg. #	(5)		Completed	Reg. #			Completed 11/15/2018
LSC				- 11/13/2016	LSC			11/15/2018	LSC			11/15/2016
ID Prefix	F0921			Correction								
Reg.#	483.90(i)			Completed								
LSC				- 11/15/2018 -								
					1							
REVIEWE STATE AG			REVIEW (INITIAL:		DATE	SIGNATUI	RE OF SU	JRVEYOR			DATE	
REVIEWE CMS RO	D BY		REVIEW (INITIAL:		DATE	TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/18/2018			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						s 🗆 no			
					<u> </u>							

DATE OF DEVICIT