POST-CERTIFICATION REVISIT REPORT									
			NSTRUCTION					DATE OF REVISIT	
IDENTIFICATION NUMBER  345554  A. Building  B. Wing								12/11/2	2018 <sub>Y3</sub>
NAME OF FACILITY					STREET ADDRESS, C	ITY, STATE, ZI	CODE		
TRINITY GROVE				631 JUNCTION CREEK DRIVE					
					WILMINGTON, NC 28412				
program, corrected provision	ort is completed by a quate to show those deficient and the date such corresponding to the identification of t	cies previously reprective action was	orted on the accomplishe	CMS-2567, Stater d. Each deficiency	ment of Deficiencies and should be fully identified.	nd Plan of Collied using eith	rection, that hav er the regulation	e been or LSC	
ITEM		DATE	DATE ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
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		12/11/2018	LSC		12/11/2018	LSC			12/11/2018 
ID Drofiv	F0000	Correction	ID Drofiv	E0704	Correction	ID Prefix			Correction
ID Prefix	F0692	Correction	ID Prefix	F0761	Correction	ID PIEIIX			Correction –
Reg.#	483.25(g)(1)-(3)	Completed	Reg. #	483.45(g)(h)(1)(2)	Completed	Reg. #			Completed
LSC		12/11/2018	LSC		12/11/2018	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
ID FIEIIX		Correction	ID FIEIX	-	Correction	ID FIEIX			- Correction
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			_
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
									_
Rea #		Completed	Rea #		Completed	Rea #			Completed

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

**REVIEWED BY** 

REVIEWED BY

(INITIALS)

(INITIALS)

LSC

REVIEWED BY STATE AGENCY

REVIEWED BY

CMS RO

11/16/2018

TITLE

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

LSC

DATE

DATE

LSC

YES NO

DATE

DATE