POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / MULTIPLE CON | | | | | TRUCTION | | | | | DATE C | F REVISIT |
|--|------------------------------|-------------------------|---------------------------|--|--|--|---|----------------------------|--|---------|-------------------|
| IDENTIFICATION NUMBER 345164 A. Building B. Wing | | | | | | | | | Y2 | 12/11/2 | 018 _{Y3} |
| NAME OF | FACILIT | Y | | | | | STREET ADDRESS, CIT | Y, STATE, ZIF | CODE | | |
| CHOWAN | N RIVEF | NURS | ING AND | REHABILITATIO | N CENTER | | 1341 PARADISE ROAD P O BOX 566 | | | | |
| | | | | | | | EDENTON, NC 27932 | | | | |
| program, corrected | to show and the number | those of the date sugar | leficiencie uch correc | es previously repo ctive action was a | orted on the ccomplished | CMS-2567, Staten d. Each deficiency | and/or Clinical Laborator nent of Deficiencies and should be fully identifie 2567 (prefix codes show | Plan of Cored using either | rection, that have er the regulation or | LSC | |
| ITEM DATE | | | | | ITEM | | DATE ITEM | | | | DATE |
| Y4 | | | | Y5 | Y4 | | Y5 | Y4 | | | Y5 |
| ID Prefix | F0585 | | | Correction | ID Prefix | F0658 | Correction | ID Prefix | F0761 | | Correction |
| Reg.# | 483.10(j)(1)-(4) | | | Completed | Reg. # | 483.21(b)(3)(i) | Completed | Reg.# | 483.45(g)(h)(1)(2) | | Completed |
| LSC | | | | - 11/19/2018 | LSC | | 11/19/2018 | LSC | | | 11/19/2018 |
| | | | | | 1200 | | | 100 | | | |
| ID Prefix | F0880 | | | Correction | ID Prefix | | Correction | ID Prefix | | | Correction |
| Reg. # | 483.80(a)(1)(2)(4)(e)(f) | | -)(e)(f) | Completed | Reg. # | | Completed | Reg.# | | | Completed |
| LSC | | | | - 11/19/2018 | LSC | | Completed | LSC | | | Completed |
| | | | | | 1200 | | | | | | |
| ID Prefix | | | | Correction | ID Prefix | | Correction | ID Prefix | | | Correction |
| Reg.# | | | | Completed | Reg. # | | Completed | Reg.# | | | Completed |
| LSC | | | | _ | LSC | | | LSC | | | - |
| ID Desfer | | | | 0 " | ID Donfor | | 0 " | ID Doofee | | | 0 " |
| 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 FIGIIX | | | | - Correction | ID FIEIX | | Correction | ID FIEIL | | | Correction |
| Reg. # | | | | Completed | Reg. # | | Completed | Reg.# | | | Completed |
| LSC | | | | _ | LSC | | | LSC | | | |
| REVIEWEI | | | | | DATE | SIGNATUR | RE OF SURVEYOR | | | DATE | |
| REVIEWED BY CMS RO | | | REVIEWED BY (INITIALS) | | DATE | TITLE | | | | DATE | |
| FOLLOWUP TO SURVEY COMPLETED ON 10/25/2018 | | | | | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | | | | | | |