POST-CERTIFICATION REVISIT REPORT

			DATE OF REVISIT	
	A. Building B. Wing	Y2	12/17/2018	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE PRESBYTERIAN HOME OF HAWFIELDS		2502 S NC 119		
		MEBANE, NC 27302		

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	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0550 483.10(a)(1)(2)(b)	Correction (1)(2) Completed 11/22/2018	ID Prefix Reg. # LSC	F0584 483.10(i)(1)-(7)	Correction Completed 11/22/2018	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed 11/22/2018
ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)	Correction Completed 11/22/2018	ID Prefix Reg. # LSC	F0925 483.90(i)(4)	Correction Completed 11/22/2018	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 10/25/2018			SIGNATURE (TITLE CK FOR ANY UNCORRI DRRECTED DEFICIENC					