POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER			DATE OF REVISIT	
345542 Y1	A. Building B. Wing	¥2	12/18/2018	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		-
THE FOREST AT DUKE INC		2701 PICKETT ROAD		
		DURHAM. NC 27705		

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		Y5	Y4		Y5	Y4	Y5
ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 11/26/2018	ID Prefix Reg. # LSC	F0655 483.21(a)(1)-(3)	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
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11/14/2018			UNC	ORRECTED DEFICIENCIE	=3 (UM3-2907) SEN	TTO THE FACILITY?	5 🗌 NO