			P081	-CERI		<u>AHO</u> r	N KE	VISII RE	<u> PURI</u>			
	R / SUPPLIER / C		MULTIPLE CONSTRUCTION								DATE OF REVISIT	
345354	CATION NUMBER	A. Building B. Wing									12/18/2018 <sub>Y3</sub>	
NAME OF	FACILITY						STREE	TADDRESS, CIT	Y, STATE, ZIF	CODE		
PINEY GROVE NURSING AND REHABILITATION CENTER							728 PINEY GROVE ROAD					
							KERNERSVILLE, NC 27284					
program, corrected provision	to show those of and the date so	deficiencie: uch correc	s previously repo tive action was a	orted on the accomplished	CMS-25 d. Each	67, Staten deficiency	nent of D	eficiencies and be fully identifie	Plan of Cored using either	ent Amendments rection, that have er the regulation o of each requirem	r LSC	
ITEM			DATE	ITEM				DATE		DATE		
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	K F0558		Correction	ID Prefix	F0677			Correction	ID Prefix	F0684		Correction
Reg. #	483.10(e)(3)		Completed	Reg. #	483.24(	a)(2)		Completed	Reg.#	483.25		Completed
LSC			- 11/08/2018 -	LSC				11/08/2018	LSC			- 11/08/2018 -
ID Prefix	F0695		Correction	ID Prefix	F0908			Correction	ID Prefix			Correction
Reg. #	483.25(i)		Completed	Reg. # 483.90(d)(2)		d)(2)		Completed	Reg. #			Completed
LSC			11/08/2018	LSC				11/08/2018	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
Reg. #		Completed	Reg. #			Completed	Reg. #			Completed		
LSC		-	LSC					LSC			-	
ID Prefix			Correction	ID Prefix	ID Prefix			Correction	ID Prefix	fix		Correction
Reg. #			Completed	Reg. #				Completed Reg. #				Completed
LSC			-	LSC					LSC			-
REVIEWED BY REVIEWED BY STATE AGENCY (INITIAL				DATE		SIGNATUR	RE OF SU	IRVEYOR	ı		DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)		DATE		TITLE					DATE	

10/18/2018

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO