

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345132	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/5/2019	Y3
NAME OF FACILITY GREENHAVEN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 GREENHAVEN DRIVE GREENSBORO, NC 27406		

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0623	Correction	ID Prefix F0641	Correction	ID Prefix F0656	Correction
Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)	Completed
LSC	01/18/2019	LSC	01/18/2019	LSC	01/18/2019
ID Prefix F0657	Correction	ID Prefix F0689	Correction	ID Prefix F0698	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(l)	Completed
LSC	01/18/2019	LSC	01/18/2019	LSC	01/18/2019
ID Prefix F0744	Correction	ID Prefix F0758	Correction	ID Prefix F0759	Correction
Reg. # 483.40(b)(3)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	01/18/2019	LSC	01/18/2019	LSC	01/18/2019
ID Prefix F0760	Correction	ID Prefix F0761	Correction	ID Prefix F0809	Correction
Reg. # 483.45(f)(2)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(f)(1)-(3)	Completed
LSC	01/18/2019	LSC	01/18/2019	LSC	01/18/2019
ID Prefix F0812	Correction	ID Prefix F0867	Correction	ID Prefix F0880	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.75(g)(2)(ii)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	01/18/2019	LSC	01/18/2019	LSC	01/18/2019
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	F0881	Correction			
Reg. #	483.80(a)(3)	Completed			
LSC		01/18/2019			

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/21/2018			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		