## POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / | VIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION |                                       |          |    |  |  |  |  |
|------------------------------|---|---------------------------------------|----------|----|--|--|--|--|
| IDENTIFICATION NUMBER        | A. Building                                     |                                       |          |    |  |  |  |  |
| 345146 <sub>Y1</sub>         | B. Wing   | Y2                                    | 2/6/2019 | Y3 |  |  |  |  |
| NAME OF FACILITY             |   | STREET ADDRESS, CITY, STATE, ZIP CODE |          |    |  |  |  |  |
| BETHANY WOODS NURSING AN     | D REHABILITATION CENTER                         | 33426 OLD SALISBURY ROAD BOX 1250     |          |    |  |  |  |  |
|                              |   | ALBEMARLE, NC 28002                   |          |    |  |  |  |  |

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                                 | M                          | DATE                | ITEM      |                             | DATE               | ITEM      |                         | DATE       |
|-------------------------------------|----------------------------|---------------------|-----------|-----------------------------|--------------------|-----------|-------------------------|------------|
| Y4                                  |                            | Y5                  | Y4        |                             | Y5                 | Y4        |                         | Y5         |
| ID Prefix                           | F0558                      | Correction          | ID Prefix | F0584                       | Correction         | ID Prefix | F0585                   | Correction |
| Reg. #                              | 483.10(e)(3)               | (3) Completed       |           | 483.10(i)(1)-(7)            | 7) Completed       |           | 483.10(j)(1)-(4)        | Completed  |
| LSC                                 |                            | 12/16/2018          | LSC       |                             | 12/16/2018         | LSC       |                         | 12/16/2018 |
| ID Prefix                           | F0600                      | Correction          | ID Prefix | F0604                       | Correction         | ID Prefix | F0636                   | Correction |
| Reg.#                               | 483.12(a)(1)               | Completed           | Reg. #    | 483.10(e)(1), 483.12(a) (2) | Completed          | Reg.#     | 483.20(b)(1)(2)(i)(iii) | Completed  |
| LSC                                 |                            | 12/16/2018          | LSC       |                             | 12/16/2018         | LSC       |                         | 12/16/2018 |
| ID Prefix                           | F0637                      | Correction          | ID Prefix | F0641                       | Correction         | ID Prefix | F0644                   | Correction |
| Reg. #                              | 483.20(b)(2)(ii) Completed |                     | Reg. #    | 483.20(g)                   | Completed          | Reg. #    | 483.20(e)(1)(2)         | Completed  |
| LSC                                 |                            | 12/16/2018          | LSC       |                             | <br>12/16/2018<br> | LSC       |                         | 12/16/2018 |
| ID Prefix                           | F0656                      | Correction          | ID Prefix | F0677                       | Correction         | ID Prefix | F0684                   | Correction |
| Reg. #                              | 483.21(b)(1)               | Completed           | Reg. #    | 483.24(a)(2)                | Completed          | Reg. #    | 483.25                  | Completed  |
| LSC                                 | 12/16/2018                 |                     | LSC       |                             | <br>12/16/2018<br> | LSC       |                         | 12/16/2018 |
| ID Prefix                           | F0689                      | Correction          | ID Prefix | F0695                       | Correction         | ID Prefix | F0697                   | Correction |
| Reg.#                               | 483.25(d)(1)(2)            | Completed           | Reg. #    | 483.25(i)                   | Completed          | Reg. #    | 483.25(k)               | Completed  |
| LSC                                 |                            | 12/16/2018          | LSC       |                             | 12/16/2018         | LSC       |                         | 12/16/2018 |
| REVIEWED BY STATE AGENCY (INITIALS) |                            | DATE SIGNATURE OF S |           | URVEYOR                     |                    |           | DATE                    |            |
| REVIEWED BY CMS RO (INITIALS)       |                            | DATE                | TITLE     | TITLE                       |                    |           |                         |            |

## **POST-CERTIFICATION REVISIT REPORT**

| IDENTIFIC   | R / SUPPLIER / CI<br>CATION NUMBER   | MULTIPLE CONS<br>A. Building<br>B. Wing | TRUCTION                               |                             |                   |                          |   |                                       |                              | DATE OF REVISIT 2 2/6/2019  |              |                                  |
|---|--------------------------------------|---|--|-----------------------------|-------------------|--------------------------|---|---------------------------------------|------------------------------|---|--------------|----------------------------------|
| NAME OF FACILITY BETHANY WOODS NURSING AND REHABILITATION |                                      |   |  | ON CENTER                   |                   |                          | STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002 |                                       |                              |   | 27072013     | 9 Y3                             |
| program,<br>corrected<br>provision                        | to show those d<br>I and the date su | eficiencie<br>ich correc                | s previously repo<br>tive action was a | orted on the<br>ccomplished | CMS-25<br>d. Each | 67, Staten<br>deficiency | nent of D   | eficiencies and<br>be fully identifie | Plan of Cor<br>d using eithe | ent Amendments<br>rection, that have<br>er the regulation or<br>of each requireme | r LSC        |                                  |
| ITEI  |                                      |   | DATE                                   |                             | ITEM              |                          |   | DATE ITEM                             |                              |   |              | DATE                             |
| Y4  |                                      |   | Y5                                     | Y4                          |                   |                          |   | Y5                                    | Y4                           |   |              | Y5                               |
| ID Prefix<br>Reg. #<br>LSC                                | F0698<br>483.25(l)                   |   | Correction  Completed 12/16/2018       | ID Prefix<br>Reg. #<br>LSC  | F0700<br>483.25(r | n)(1)-(4)                |   | Correction Completed 12/16/2018       | ID Prefix Reg. # LSC         | F0761<br>483.45(g)(h)(1)(2)   |              | Correction  Completed 12/16/2018 |
| ID Prefix<br>Reg. #<br>LSC                                | F0804<br>483.60(d)(1)(2)             |   | Correction  Completed  12/16/2018      | ID Prefix Reg. # LSC        | F0812<br>483.60(i | )(1)(2)                  |   | Correction Completed 12/16/2018       |                              |   |              |                                  |
| STATE AG  |                                      | REVIEW<br>(INITIAL                      |  | DATE                        |                   | SIGNATU                  | <∟ OF SU  | KVEYOR                                |                              |   | DATE         |                                  |
| REVIEWE<br>CMS RO   | D BY                                 | REVIEW<br>(INITIAL                      |  | DATE                        |                   | TITLE                    |   |                                       |                              |   | DATE         |                                  |
| FOLLOWUP TO SURVEY COMPLETED ON 11/16/2018                |                                      |   |  |                             |                   |                          | D DEFICIENCIES<br>CMS-2567) SEN   |                                       |                              | YES   | NO NO        |                                  |
| - 0140  | ONO 0507D (00/00) EE (44/00)         |   |  |                             |                   |                          |   |                                       |                              | EVENT ID  | T) ( ( ) ( ) |                                  |