		POST	-CERT	TFICATIO	N REVISIT R	EPORT	•			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION								DATE	OF REVISIT	
IDENTIFICATION NUMBER 345492 A. Building B. Wing					,				2/26/2019 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
NC STATE VETERANS HOME - FAYETTEVILLE					214 COCHRAN AVENUE					
TO STATE VETERANO HOME - TATETTEVILLE					FAYETTEVILLE, NC 28301					
program, corrected provision	to show those deficient and the date such corr	cies previously reprective action was	orted on the accomplished	CMS-2567, State d. Each deficienc	and/or Clinical Laborato ement of Deficiencies and by should be fully identified 3-2567 (prefix codes sho	d Plan of Cor ed using eith	rection, that haver the regulation	ve been n or LSC		
ITEM		DATE	ITEM		DATE	ITEM			DATE	
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0641	Correction	ID Prefix	F0645	Correction	ID Prefix	F0812		Correction	
Reg.#	483.20(g)	Completed	Reg. #	483.20(k)(1)-(3)	Completed	Reg.#	483.60(i)(1)(2)		Completed	
LSC		02/06/2019	LSC		02/06/2019	LSC			02/06/2019	
ID Prefix	F0867	Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #	483.75(g)(2)(ii)	Completed	Reg. #		Completed	Reg. #			Completed	
LSC		02/06/2019	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		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	
LSC			LSC			LSC				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON

Completed

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

Reg. #

LSC

Form CMS - 2567B (09/92) EF (11/06)

Completed

Reg.#

LSC

Reg. #

1/10/2019

LSC

YES NO

Completed