POST-CERTIFICATION REVISIT REPORT										
	R / SUPPLIER / CLIA /	MULTIPLE CONS	STRUCTION	TRUCTION					DATE OF REVISIT	
IDENTIFICATION NUMBER 345318 A. Building B. Wing									2/21/2019 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
BRUNSWICK COVE NURSING CENTER					1478 RIVER ROAD WINNABOW, NC 28479					
										program, corrected provision
ITEM		DATE ITEM			DATE ITEM			DATE		
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0554	Correction	ID Prefix	F0657	Correction	ID Prefix	F0689		Correction	
Dog #	483.10(c)(7)	Completed	Bog #	483.21(b)(2)(i)-(iii)	Completed	Pog #	483.25(d)(1)(2)		Completed	
Reg. # LSC		Completed 01/31/2019	Reg. # LSC		Completed 01/31/2019	Reg. # LSC			Completed - 01/31/2019	
		01/31/2013	LSC		01/31/2019	LSC				
ID Prefix	F0732	Correction	ID Prefix	F0761	Correction	ID Prefix			Correction	
Reg.#	483.35(g)(1)-(4)	Completed	Reg. #	483.45(g)(h)(1)(2)	Completed	Reg. #			- Completed	
LSC		01/31/2019	LSC		01/31/2019	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	
Dog #				-			-		_	
Reg. # LSC		Completed	Reg. #		Completed	Reg. #			Completed	
			LSC			LSC			_	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	

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 UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO 1/10/2019

LSC

LSC

LSC