| | | | POST | -CERT | IFIC | ATION | REVISIT RE | PORT | | | | |
|---|-----------------------------------|-----------------------------|-----------------------------------|--------------------------|-------------------|-------------------------------|--|---------------------------------|------------------------------------|------------|------------------|--|
| IDENTIFIC | R / SUPPLIER / C CATION NUMBER | | MULTIPLE CONSTRUCTION A. Building | | | | | | | | F REVISIT | |
| 345242 _{Y1} B. Wing | | | | | | | | | Y2 | 2/26/20 | 19 _{Y3} | |
| NAME OF FACILITY | | | | | | l l | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| THE FOUNTAINS AT THE ALBEMARLE | | | | | | | 200 TRADE STREET TARBORO, NC 27886 | | | | | |
| | | | | | | | ARBORO, NC 27000 | | | | | |
| program, corrected provision | to show those of and the date su | leficiencies uch correct | s previously rep | orted on the accomplishe | CMS-25 d. Each | 567, Stateme deficiency sl | d/or Clinical Laborator nt of Deficiencies and hould be fully identifie 67 (prefix codes show | Plan of Corre d using either | ction, that have the regulation or | LSC | | |
| ITEM | | | DATE ITEM | | | | DATE | | DATE | | | |
| Y4 | | | Y5 | Y4 | | | Y5 | Y4 | | | Y5 | |
| | | | | | | | | | | | | |
| ID Prefix | F0641 | | Correction | ID Prefix | F0684 | | Correction | ID Prefix | | | Correction | |
| Reg. # | 483.20(g) | | Completed | Reg. # | 483.25 | | Completed | Reg. # | | | Completed | |
| LSC | | | 02/20/2019 | LSC | | | 02/20/2019 | LSC | | | | |
| | | | | | | | | | | | | |
| ID Prefix | | | Correction | ID Prefix | | | Correction | ID Prefix | | | Correction | |
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| | | | | 1 | | | | | | | | |
| ID Prefix | | | Correction | ID Prefix | | | Correction | ID Prefix | | | Correction | |
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| ID Prefix | | | Correction | ID Prefix | | | Correction | ID Prefix | | | Correction | |
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| LSC | | | · ' | LSC | | | · | LSC | | | · | |
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| ID Prefix | | Correction | ID Prefix | | | Correction | ID Prefix | | | Correction | | |
| Reg. # | | | Completed | Reg. # | | | Completed | Reg. # | | | Completed | |
| LSC | | - | LSC | | | | LSC | | | | | |
| REVIEWED BY REVIEW STATE AGENCY (INITIAL: | | | | DATE | | SIGNATURE | OF SURVEYOR | | | DATE | | |
| REVIEWED BY CMS RO | | REVIEWED BY (INITIALS) | | DATE TITLE | | TITLE | | | | DATE | | |

1/25/2019

FOLLOWUP TO SURVEY COMPLETED ON

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

YES NO