|  |                   |           |                  | STATE  | FORM: RE         | VISIT REPORT  |                     |                              |            |  |
|--|-------------------|-----------|------------------|--|------------------|---|---------------------|------------------------------|------------|--|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building B. Wing |                   |           | STRUCTION        |  |                  |   |                     | PATE OF REVISIT  /6/2019  Y3 |            |  |
| NAME OF FACILITY UNIVERSAL HEALTH CARE LILLINGTON                      |                   |           |                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1995 EAST CORNELIUS HARNETT BOULEVARD<br>LILLINGTON, NC 27546 |                  |   |                     | 13                           |            |  |
| corrective   | e action was acco | omplished | d. Each deficier | cy should be fully   | y identified usi | reported that have beeing either the regulation es shown to the left of e | or LSC provision nu | imber and the                | 9          |  |
| ITEM DATE  |                   |           | DATE             | ITEM   |                  | DATE  | ITEM                |                              | DATE       |  |
| Y4   |                   |           | Y5               | Y4   |                  | Y5  | Y4                  |                              | Y5         |  |
| ID Prefix  | D0369             |           | Correction       | ID Prefix  |                  | Correction  | ID Prefix           |                              | Correction |  |
| Reg.#  | 10A NCAC 13F .1   | 004 (I)   | Completed        | Reg. #   |                  | Completed   | Reg. #              |                              | Completed  |  |
| LSC  |                   |           | 01/14/2019       | 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 |  |
| 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                 |                              |            |  |
|  |                   |           |                  |  |                  |   |                     |                              |            |  |
| REVIEWED BY STATE AGENCY (INITIALS)                                    |                   |           |                  | DATE SIGNATUR  |                  | RE OF SURVEYOR  |                     |                              | ATE        |  |
| REVIEWED BY CMS RO (INITIALS)  |                   |           |                  | DATE TITLE   |                  |   |                     | D                            | DATE       |  |
| FOLLOWUP TO SURVEY COMPLETED ON  |                   |           |                  |  |                  | RRECTED DEFICIENCIES<br>ENCIES (CMS-2567) SEN                             |                     |                              | Tyes □ NO  |  |

Page 1 of 1 EVENT ID: LXME12