POST-CERTIFICATION REVISIT REPORT										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION								DATE OF REVISIT		
	D Wina							4/8/20	19	
	B. Willig							470720	19 Y3	
NAME OF FACILITY										
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y report form).										
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	Y5	Y4			Y5	Y4			Y5	
F0636	Correction	ID Prefix	F0655		Correction	ID Prefix	F0805		Correction	
483.20(b)(1)(2)(i)(iii)	_	D #	483.21(a)(1)-(3)			D #	483.60(d)(3)			
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	03/25/2019 —	LSC			03/25/2019	LSC			03/25/2019	
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	CATION NUMBER Y1 FACILITY HEALTH-ELKIN ort is completed by a qua to show those deficiencid and the date such corre number and the identifice ey report form). M F0636	R / SUPPLIER / CLIA / CATION NUMBER PACILITY HEALTH-ELKIN Port is completed by a qualified State survey to show those deficiencies previously repet and the date such corrective action was a number and the identification prefix code by report form). M DATE Y5 F0636	R / SUPPLIER / CLIA / CATION NUMBER Y1 FACILITY HEALTH-ELKIN Ort is completed by a qualified State surveyor for the Minds to show those deficiencies previously reported on the diand the date such corrective action was accomplished number and the identification prefix code previously size report form). M DATE ITEM Y5 F0636 Correction ID Prefix 483.20(b)(1)(2)(i)(iii) Completed Reg. # USC Correction ID Prefix Completed Reg. # LSC Correction ID Prefix Completed Reg. # LSC	MULTIPLE CONSTRUCTION A. Building B. Wing FACILITY HEALTH-ELKIN Ont is completed by a qualified State surveyor for the Medicare, Medicaid to show those deficiencies previously reported on the CMS-2567, State of and the date such corrective action was accomplished. Each deficiency number and the identification prefix code previously shown on the CMS-25 preport form). M. DATE ITEM Y4 Y4 F0636 Correction ID Prefix F0655 483.20(b)(1)(2)(i)(iii) Completed Reg. # LSC Correction ID Prefix ID Prefix Completed Reg. # LSC Completed Reg. # LSC Completed Reg. # LSC Correction ID Prefix Completed Reg. #	R / SUPPLIER / CLIA / CATION NUMBER A. Building B. Wing STREE 560 JO ELKIN, ort is completed by a qualified State surveyor for the Medicare, Medicaid and/or C to show those deficiencies previously reported on the CMS-2567, Statement of E and the date such corrective action was accomplished. Each deficiency should number and the identification prefix code previously shown on the CMS-2567 (previously report form). M. DATE ITEM Y4 F0636	MULTIPLE CONSTRUCTION A. Building B. Wing FACILITY HEALTH-ELKIN FACILITY HEALTH-ELKIN STREET ADDRESS, CIT 560 JOHNSON RIDGE F ELKIN, NC 28621 Sort is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laborato to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and and the date such corrective action was accomplished. Each deficiency should be fully identifie a number and the identification prefix code previously shown on the CMS-2567 (prefix codes show by report form). M. DATE Y5 F0636 Correction ID Prefix F0655 Correction F0655 Correction A83.20(b)(1)(2)(i)(iii) Completed 03/25/2019 Correction ID Prefix Correction Completed LSC Correction Completed LSC Correction Completed LSC Correction Completed LSC Correction Completed Correction Completed LSC Correction Completed Correction Correction	R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE S60 JOHNSON RIDGE ROAD ELKIN, NC 28621 ort is completed by a qualiffed State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have a dark the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirer preport form). M. DATE ITEM DATE ITEM Y5 Y4 F0636 Correction ID Prefix F0655 Correction ID Prefix F0805 483.20(b)(1)(2)(0)(iii) Completed Reg. # 03/25/2019 LSC 03/25/2019 LSC Completed Reg. # Completed Reg. # Completed Reg. #	A SupPLIER / CLIA / A Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE SE0 JOHNSON RIDGE ROAD ELKIN, NC 28621 STREET ADDRESS, CITY, STATE, ZIP CODE SE0 JOHNSON RIDGE ROAD ELKIN, NC 28621 ort is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on ey report form). M DATE ITEM Y4 Y5 Y4 F0636 Correction ID Prefix F0655 Correction ID Prefix F0805 483.20(b)(1)(2)(i)(iii) Completed Reg. # 483.21(a)(1)-(3) Completed Reg. # 483.60(d)(3) LSC Correction ID Prefix Completed Reg. # LSC Completed Reg. # Completed Reg. # LSC Completed Reg. # Completed Reg. # LSC Completed Reg. # Completed Reg. # LSC Correction ID Prefix Correction ID Prefix Completed Reg. # LSC Correction ID Prefix Correction ID Prefix Completed Reg. # LSC Correction ID Prefix Correction ID Prefix Correction ID Prefix LSC Correction ID Prefix Correction ID Prefix LSC Completed Reg. # Completed Reg. # LSC Correction ID Prefix Correction ID Prefix LSC Completed Reg. # Completed Reg. # LSC Correction ID Prefix Correction ID Prefix LSC Correction ID Prefix Correction ID Prefix LSC Completed Reg. # Completed Reg. # LSC Correction ID Prefix Correction ID Prefix LSC Correction ID Prefix Correction ID Prefix LSC Completed Reg. # LSC Correction ID Prefix Correction ID Prefix LSC	

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?

LSC

Correction

Completed

ID Prefix

Reg.#

LSC

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

LSC

ID Prefix

Reg. #

2/28/2019

LSC

LSC

Correction

Completed

ID Prefix

Reg. #

LSC

YES NO

Correction

Completed