				STA	ATE FORM: RE	VISIT REPORT				
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NH0464			MULTIPLE CONS A. Building B. Wing	STRUCTION				Y2	DATE OF RE	VISIT Y3
NAME OF FACILITY STANLY MANOR						STREET ADDRESS, CITY, STATE, ZIP CODE 625 BETHANY CHURCH ROAD ALBEMARLE, NC 28001				
corrective	e action was action prefix code	complishe	d. Each deficien	cy should be	fully identified usi	y reported that have being either the regulation es shown to the left of e	or LSC provision nu	umber and	the	
ITEM			DATE ITEM			DATE	ITEM DATE			ATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	D0280		Correction	ID Prefix	D0448	Correction	ID Prefix		Со	rrection
Reg.#	10A NCAC 13F	.0903(c)	Completed	Reg.#	10A NCAC 13F .12	11 Completed	Reg. #		 Co	mpleted
LSC			04/08/2019	LSC		04/08/2019	LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Co	rrection
Reg.#			Completed	Reg. #		Completed	Reg. #		Co	mpleted
LSC			_	LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Co	rrection
Reg.#			Completed	Reg. #		Completed	Reg. #		Co	mpleted
LSC				LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Co	rrection
Reg.#			Completed	Reg. #		Completed	Reg. #		Co	mpleted
LSC			_	LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Co	rrection
Reg.#			Completed	Reg. #		Completed	Reg. #		Co	mpleted
LSC			_	LSC			LSC			
REVIEWED BY STATE AGENCY		REVIEWED BY (INITIALS)		DATE	SIGNATUI	RE OF SURVEYOR			DATE	
REVIEWE CMS RO	D ВҮ	REVIEW (INITIAL		DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/11/2019					CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO					

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