POST-CERTIFICATION REVISIT REPORT

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REVIEWED CMS RO	В В У		REVIEWED BY (INITIALS)		DATE TITLE						DATE	
REVIEWED BY STATE AGENCY				DATE	SIGNATI	JRE OF SURVEY	OR			DATE		
LSC			_	LSC				LSC				
Reg. # Completed			Reg. #		Com	npleted	Reg.#			Completed		
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ID Prefix			Correction	ID Prefix		Corr	ection	ID Prefix			Correction	
LSC			03/24/2019	LSC		03/24	4/2019	LSC				
Reg. #	483.20(k)(1)-(3)		Completed	Reg. #	483.21(b)(1)		npleted	Reg. #			Completed	
ID Prefix	F0645		Correction	ID Prefix	F0656	Corr	rection	ID Prefix			Correction	
Y4			Y5	Y4			Y5	Y4			Y5	
ITEM DATE			DATE	ITEM		DA	DATE ITEM			DATE		
program, corrected provision	to show those and the date s	deficiencie uch correc	es previously repetitive action was a	orted on the accomplished	edicare, Medicaic CMS-2567, State d. Each deficiend nown on the CMS	ement of Deficie by should be full	encies and ly identifie	Plan of Corre d using either	ction, that have the regulation o	r LSC		
BELLARC	SE NURSING	AND REF	IAB		200 BELLAROSE LAKE WAY GARNER, NC 27529							
NAME OF	FACILITY		-			STREET ADD	RESS, CIT	Y, STATE, ZIP (13	
IDENTIFICATION NUMBER 345574 A. Building B. Wing										Y2 4/25/2019 Y3		
PROVIDER	R/SUPPLIER/C	CLIA /	MULTIPLE CONS		IFICATIO	IN KEVIS	OII KE	PORT		DATE O	F REVISIT	

3/22/2019

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO