POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345450 _{Y1}	B. Wing	Y2	5/8/2019	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
WESTWOOD HEALTH AND REHA	ABILITA	625 ASHLAND STREET		
		ARCHDALE, NC 27263		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM DAT		DATE	DATE ITEM			DATE	DATE ITEM			DATE
Y4 Y5		Y4			Y5	Y4			Y5	
ID Prefix	F0550	Correction	ID Prefix	F0561		Correction	ID Prefix	F0565		Correction
Reg. #	483.10(a)(1)(2)(b)(1)(2) Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg.#	483.10(f)(5)(i)-(iv)(6	6)(7)	Completed
LSC		04/03/2019	LSC			04/03/2019	LSC			04/03/2019
ID Prefix	F0585	Correction	ID Prefix	F0600		Correction	ID Prefix	F0636		Correction
Reg.#	483.10(j)(1)-(4)	Completed	Reg. #	483.12(a)(1)		Completed	Reg. #	483.20(b)(1)(2)(i)(iii)		Completed
LSC		04/03/2019	LSC			04/03/2019	LSC			04/03/2019
ID Prefix	F0641	Correction	ID Prefix	F0656		Correction	ID Prefix	F0657		Correction
Reg.#	483.20(g)			483.21(b)(1)		Completed	Reg. #	483.21(b)(2)(i)-(iii)		Completed
LSC		04/03/2019	LSC	LSC		04/03/2019	LSC			04/03/2019
ID Prefix	F0677	Correction	ID Prefix	F0686		Correction	ID Prefix	F0690		Correction
Reg. #	483.24(a)(2) Completed		Reg. #	483.25(b)(1)(i)(ii)		Completed	Reg. # 483.25(e)(1)-(3)			Completed
LSC		04/03/2019	LSC			04/03/2019 LSC				04/03/2019
ID Prefix	F0692	Correction	ID Prefix	F0695		Correction	ID Prefix	F0725		Correction
Reg. #	483.25(g)(1)-(3)	Completed	Reg. #	483.25(i)	Completed	Completed Reg. #			Completed
LSC		04/03/2019	LSC			04/03/2019				04/03/2019
REVIEWED BY STATE AGENCY (INITIALS)		DATE SIGNATURE C		F SURVEYOR		DATE				
REVIEWED BY CMS RO (INITIALS)			DATE		TITLE				DATE	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345450 Y ₁ B. Wing							DATE OF REVISIT 5/8/2019					
NAME OF WESTWO				625 ASF	FADDRESS, CIT HLAND STREET ALE, NC 27263	0,0,2010	Y Y3					
program, corrected provision	to show those d and the date su	eficiencie ch correc	es previously repo ctive action was a	orted on the ccomplished	CMS-25 d. Each	67, Statem deficiency	ent of D should b	eficiencies and be fully identifie	I Plan of Cored using either	ent Amendments rection, that have er the regulation o of each requirem	r LSC	
ITE	M		DATE	ITEM	ITEM			DATE	ITEM			DATE
Y4		Y5	Y4		Y5		Y4			Y5		
ID Prefix Reg. # LSC	F0756 483.45(c)(1)(2)(4)(5)	Correction Completed 04/03/2019	ID Prefix Reg. # LSC	F0758 483.45(d	c)(3)(e)(1)-(5)	Correction Completed 04/03/2019	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)		Correction Completed 04/03/2019
ID Prefix Reg. # LSC	F0835 483.70		Correction Completed 04/03/2019	ID Prefix Reg. # LSC	F0867 483.75(s	g)(2)(ii)		Correction Completed 04/03/2019				
REVIEWED BY STATE AGENCY (INITIALS)			DATE	DATE SIGNATUR		E OF SU	RVEYOR	DATE				
REVIEWE	D BY	REVIEW (INITIAL		DATE		TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/6/2019				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						YES	□ NO	
Form CMS 2567D (00/02) EE (11/06)			Page 2 of 2 EVENT ID:						2DV712			