POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	OVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							
IDENTIFICATION NUMBER	A. Building							
345293 _{Y1}	B. Wing	Y2	6/5/2019	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
RICHMOND PINES HEALTHCAR	E AND REHABILITATION CENTE	HIGHWAY 177 S BOX 1489						
		HAMLET, NC 28345						

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).

ITE	М	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0550	Correction	ID Prefix	F0561	Correction	ID Prefix	F0623		Correction
Reg. #	483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg.#	483.15(c)(3)-(6)(8)		Completed
LSC		05/01/2019	LSC		05/09/2019	LSC			05/09/2019
ID Prefix	F0636	Correction	ID Prefix	F0641	Correction	ID Prefix	F0656		Correction
Reg.#	483.20(b)(1)(2)(i)(iii)	Completed	Reg. #	483.20(g)	Completed	Reg.#	483.21(b)(1)		Completed
LSC		05/01/2019	LSC		05/01/2019	LSC			05/09/2019
ID Prefix	F0657	Correction	ID Prefix	F0658	Correction	ID Prefix	F0677		Correction
Reg. #	483.21(b)(2)(i)-(iii) Complete		Reg. #	483.21(b)(3)(i)	Completed	Reg. #	483.24(a)(2)		Completed
LSC		05/01/2019	LSC		05/01/2019	LSC			05/09/2019
ID Prefix	E0694	Correction	ID Prefix	F0688	Correction	ID Prefix	E0690		Correction
Reg. #	F0684 Correction 483.25 Completed		Reg. #	483.25(c)(1)-(3)	Completed	Reg. #	483 25(d)(1)(2)		Completed
LSC		05/01/2019	LSC		05/09/2019	LSC			05/09/2019
ID Prefix	F0692	Correction	ID Prefix	F0725	Correction	ID Prefix	F0755		Correction
Reg. #	483.25(g)(1)-(3)	Completed	Reg. #	483.35(a)(1)(2)	Completed	Reg. #	483.45(a)(b)(1)-(3)		Completed
LSC		05/01/2019	LSC		05/01/2019	LSC			 05/01/2019
REVIEWED BY STATE AGENCY (INITIALS)		DATE	DATE SIGNATURE OF S		I SURVEYOR				
REVIEWED BY REVIEWED BY CMS RO (INITIALS)		DATE TITLE							

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTION NUMBER A. Building				RUCTION						DATE OF REVISIT		
345293		Y1	B. Wing						Y2	6/5/2019	9 _{Y3}	
NAME OF FACILITY RICHMOND PINES HEALTHCARE AND REHABILIT				TATION CE	NTE	HIGHV	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345					
program, corrected provision	to show those d	eficiencie ch correc	s previously repo tive action was a	orted on the ccomplished	CMS-2567, S d. Each defici	tatement of ency should	Deficiencies and be fully identifie	I Plan of Cored using either	nent Amendments rection, that have er the regulation o of each requireme	r LSC		
ITE	М		DATE	ITEM			DATE ITEM			DA		
Y4			Y5	Y4			Y5	Y4			Y5	
ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 05/09/2019	ID Prefix Reg. # LSC	F0825 483.65(a)(1)(2)	Correction Completed 05/09/2019	ID Prefix Reg. # LSC	F0842 483.20(f)(5), 483.7 (5)	0(i)(1)-	Correction Completed 05/01/2019	
ID Prefix Reg. # LSC	F0865 483.75(a)(2)(h)(i)		Correction Completed 05/09/2019									
REVIEWE STATE AG		REVIEW (INITIAL		DATE	SIGN	ATURE OF S	SURVEYOR			DATE		
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE	TITL	E				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 4/4/2019			_			ED DEFICIENCIES (CMS-2567) SEN			YES	□ NO		
F OMO 0507D (00/00) 55 (44/55)					0.10			E) (E) IT ID	0)(1)(45			