POST-CERTIFICATION REVISIT REPORT

			FU31	-CERI	IFIC	AHUN	IKEV	וא ווכו	EPURI				
			MULTIPLE CONSTRUCTION								DATE OF REVISIT		
			A. Building B. Wing							Y2	_{Y2} 6/6/2019 _{Y3}		
NAME OF	FACILITY						STREET A	DDRESS, CIT	Y, STATE, ZIF	CODE			
CYPRESS POINTE REHABILITATION CENTER 20							2006 SOU	006 SOUTH 16TH STREET					
							WILMINGTON, NC 28401						
program, corrected provision	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			DATE	ITEM				DATE ITEM				DATE	
Y4			Y5	Y4	Y4			Y5				Y5	
ID Prefix	C F0558		Correction	ID Prefix	F0641		Correction		ID Prefix F0759			Correction	
Reg.#	483.10(e)(3)	183.10(e)(3) Completed		483.20(g) Reg. #		g)	Completed		Reg.#	483.45(f)(1)		Completed	
LSC		05/28/2019		LSC				5/28/2019	LSC			05/28/2019	
ID Prefix	F0761		Correction	ID Prefix F0867			Correction		ID Prefix			Correction	
Reg. #	483.45(g)(h)(1)(2)		Completed	Reg. # 483.75(g)(2)(ii)		g)(2)(ii)	C	Completed				Completed	
LSC	C		05/28/2019	LSC			0	5/28/2019	LSC				
ID Prefix			Correction	ID Prefix			C	orrection	ID Prefix			Correction	
Reg. #	eg.#		Completed	Reg. #			Completed		Reg. #			Completed	
LSC		-	LSC					LSC					
ID Prefix	efix		Correction	ID Prefix			C	orrection	ID Prefix			Correction	
Reg. #	eg. #		Completed	Reg. #		Completed		Reg.#			Completed		
_SC		-	LSC					LSC					
ID Prefix	D Prefix		Correction	ID Prefix		C	orrection	ID Prefix			Correction		
Reg. #		Completed	Reg. #			C	Completed Reg. #				Completed		
LSC		-	LSC					LSC					
REVIEWED BY STATE AGENCY				DATE		SIGNATUR	E OF SURV	EYOR .	I		DATE		
REVIEWE	D BY		REVIEWED BY		DATE TI		TITLE				DATE		

5/9/2019

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO