## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345443 <sub>Y1</sub>	B. Wing	Y2	7/10/2019	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
OAK FOREST HEALTH AND REH	ABILITATION	5680 WINDY HILL DRIVE		
		WINSTON SALEM, NC 27105		

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).

ITEI	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0584 483.10(i)(1)-(7)	Correction Completed 06/07/2019	ID Prefix Reg. # LSC	F0636 483.20(b)(1)(2)(i)(iii)	Correction Completed 06/07/2019	ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 06/07/2019
ID Prefix	F0761 483.45(g)(h)(1)(2	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed 06/07/2019	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction	ID Prefix Reg. # LSC		Correction
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATURE OF	SURVEYOR		DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/10/2019		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						