POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345281 _{Y1}	B. Wing	Y2	8/23/2019	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
STANLY MANOR		625 BETHANY CHURCH ROAD		
		ALBEMARLE, NC 28001		

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	M	DATE	ITEM		DATE	ITEM		DATE
Y4	1	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0561	Correction	ID Prefix	F0641	Correction
Reg.#	483.10(a)(1)(2)(b)(1)(2) Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg. #	483.20(g)	Completed
LSC		08/08/2019	LSC		08/08/2019	LSC		08/08/2019
ID Prefix	F0655	Correction	ID Prefix	F0656	Correction	ID Prefix	F0657	Correction
Reg. #	483.21(a)(1)-(3)	Completed	Reg. #	483.21(b)(1)	Completed	Reg.#	483.21(b)(2)(i)-(iii)	Completed
LSC		08/08/2019	LSC		08/08/2019	LSC		08/08/2019
ID Prefix	F0658	Correction	ID Prefix	F0689	Correction	ID Prefix	F0692	Correction
Reg. #	483.21(b)(3)(i) Complete			483.25(d)(1)(2)	Completed	Reg. #	483.25(g)(1)-(3)	Completed
LSC		08/08/2019	LSC		08/08/2019	LSC		08/08/2019
ID Prefix	F0695	Correction	ID Prefix	F0700	Correction	ID Prefix	F0756	Correction
Reg. #	483.25(i)	Completed	Reg.#	483.25(n)(1)-(4)	Completed	Reg.#	483.45(c)(1)(2)(4)(5)	Completed
LSC		08/08/2019	LSC		08/08/2019	LSC		08/08/2019
ID Prefix	F0757	Correction	ID Prefix	F0758	Correction	ID Prefix	F0842	Correction
Reg.#	483.45(d)(1)-(6)	Completed	Reg.#	483.45(c)(3)(e)(1)-(5)	Completed	Reg.#	483.20(f)(5), 483.70(i)(1)- Completed
LSC		08/08/2019	LSC		08/08/2019	LSC		08/08/2019
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE OF	SURVEYOR			TE	
REVIEWE CMS RO		REVIEWED BY (INITIALS)	DATE	TITLE			DA	TE

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345281							V2	DATE OF REVISIT 8/23/2019 y2	
NAME OF FACILITY STANLY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 BETHANY CHURCH ROAD ALBEMARLE, NC 28001			12	Y2 0/23/2019 Y3		
program, corrected provision	to show those of and the date so	by a qualified State survey deficiencies previously repo uch corrective action was a e identification prefix code p	orted on the CMS accomplished. Ea	-2567, Staten ach deficiency	nent of Deficiencies an should be fully identifi	d Plan of Correction, ed using either the re	that have begulation or	LSC	
ITE	М	DATE	ITEM		DATE	ITEM		DAT	E
Y4		Y5	Y4		Y5	Y4	Y5		5
ID Prefix	F0881 483.80(a)(3)	Correction							
Reg. # LSC		Completed 08/08/2019							
REVIEWE	D RY	REVIEWED BY	DATE	SIGNATUI	RE OF SURVEYOR			DATE	
STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATU	RE OF SURVEYOR			DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/11/2019				RRECTED DEFICIENCIE ENCIES (CMS-2567) SEI		DF	YES] NO	
			1					NENTILLO	