POST-CERTIFICATION REVISIT REPORT												
			MULTIPLE CONSTRUCTION								DATE OF REVISIT	
IDENTIFICATION NUMBER 345053 A. Building B. Wing											8/30/20	10
345053		Y1	D. Willig							Y2	0/30/20	19 Y3
NAME OF				STREET ADDRESS, CITY, STATE, ZIP CODE								
PETTIGREW REHABILITATION CENTER							1515 W PETTIGREW STREET					
							DURHAM, NC 27705					
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				Y5	Y4			Y5
ID Prefix	F0641		Correction	ID Prefix	F0812			Correction	ID Prefix	F0867		Correction
Dog #	483.20(g)		Commisted	Dog #	483.60(i)(1)(2)		Commisted	Dog #	483.75(g)(2)(ii)		Camandatad
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed
LSC			08/06/2019	LSC				08/06/2019	LSC			08/06/2019
ID Prefix	F0908		Correction	ID Prefix				Correction	ID Prefix			Correction
	483.90(d)(2)		_									
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed
LSC			08/06/2019	LSC					LSC			
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ID Drofiv			Correction	ID Prefix				Correction	ID Prefix			Correction
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction
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LSC			- '	LSC				·	LSC	-		·
			_	1200						-		
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction
	-		_							-		
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed
LSC			_	LSC				LSC				
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ID Profiv			0	ID Desfer				0	ID Deafis			0
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed Reg. #				Completed
			_									20p10104
LSC			LSC					LSC				
REVIEWED BY REVIEWED BY				DATE		SIGNATUR	RE OF SU	RVEYOR			DATE	
STATE AGENCY [INITIALS]						3.3.47.31	0. 001					
PENNEND DV											DAT-	
REVIEWE	n R A	REVIEWED BY		DAIL	DATE TITLE						DATE	

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

CMS RO

7/11/2019

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO