| | | POST | -CERT | IFICATIO | N REVISIT | REPORT | | | | | |
|-----------------------------------|---|---------------------------------------|--------------------------|-----------------------------------|--|----------------|--|----------|-------------------|--|--|
| | R / SUPPLIER / CLIA / | | MULTIPLE CONSTRUCTION | | | | | | | | |
| IDENTIFICATION NUMBER 345004 | | A. Building B. Wing | | | | | 9/25/20 |)19 | | | |
| | Υ΄ | 1 2. Willing | | | T | | Y2 | 10/20/20 | 719 _{Y3} | | |
| NAME OF FACILITY | | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 615 RIDGE ROAD | | | | | | |
| PERSON MEMORIAL HOSPITAL | | | | | ROXBORO, NC 27573 | | | | | | |
| | | | | | 1 | | | | | | |
| program corrected provision | ort is completed by a qua , to show those deficienc d and the date such corre n number and the identific ey report form). | ies previously repective action was a | orted on the accomplishe | CMS-2567, State d. Each deficienc | ment of Deficiencies y should be fully ide | and Plan of Co | rrection, that have er the regulation o | r LSC | | | |
| ITEM | | DATE | ITEM | | DATE | ITEM | | | DATE | | |
| Y4 | | Y5 | Y4 | | Y5 | Y4 | | | Y5 | | |
| | | | | | | | | | | | |
| ID Prefix | F0641 | Correction | ID Prefix | F0656 | Correction | n ID Prefix | F0657 | | Correction | | |
| Reg.# | 483.20(g) | Completed | Reg.# | 483.21(b)(1) | Complete | d Reg.# | 483.21(b)(2)(i)-(iii) | | Completed | | |
| LSC | | 09/05/2019 | LSC | | 09/05/2019 | LSC | | | 09/05/2019 | | |
| | | | | | | | | | | | |
| ID Prefix | F0679 | Correction | ID Prefix | F0688 | Correction | n ID Prefix | F0761 | | Correction | | |
| Reg.# | 483.24(c)(1) | Completed | Reg. # | 483.25(c)(1)-(3) | Complete | d Reg.# | 483.45(g)(h)(1)(2) | | Completed | | |
| LSC | | 09/05/2019 | LSC | | 09/05/2019 | LSC | | | 09/05/2019 | | |
| | | | | | | | | | | | |
| ID Prefix | | Correction | ID Prefix | | Correction | n ID Prefix | | | Correction | | |
| Reg.# | | Completed | Reg. # | | Complete | d Reg.# | | | Completed | | |
| LSC | - | | LSC | | | LSC | | | = | | |
| | | | | | | | | | | | |
| ID Prefix | | Correction | ID Prefix | | Correction | n ID Prefix | | | Correction | | |
| Reg.# | | Completed | Reg. # | | Complete | d Reg.# | | | Completed | | |
| 100 | | | 1.00 | | | 100 | | | | | |

| REVIEWED BY STATE AGENCY | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | | DATE | |
|-----------------------------|------------------------|--|-----------------------|--|------|--|
| REVIEWED BY CMS RO | REVIEWED BY (INITIALS) | DATE | TITLE | | DATE | |
| FOLLOWUP TO SURVEY | COMPLETED ON | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | | | | |

ID Prefix

Reg.#

LSC

Correction

Completed

Form CMS - 2567B (09/92) EF (11/06)

ID Prefix

Reg. #

8/8/2019

LSC

ID Prefix

Reg. #

LSC

Correction

Completed

YES NO

Correction

Completed