		POST	-CERT	IFICATIO	N REVISIT RI	EPORT				
	R / SUPPLIER / CLIA / CATION NUMBER	A. Building	<b>y</b>						DATE OF REVISIT	
345180 <sub>Y1</sub> B. Wing		Y1 B. Wing						Y2 10/28/2019 Y3		
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
WESLEY PINES RETIREMENT COMM					1000 WESLEY PINES ROAD					
					LUMBERTON, NC 28358					
program, corrected provision	to show those deficier and the date such cor	ncies previously rep rective action was a	orted on the accomplishe	CMS-2567, State d. Each deficienc	and/or Clinical Laborato ment of Deficiencies and y should be fully identifie -2567 (prefix codes sho	d Plan of Cor ed using eith	rection, that hav er the regulation	e been or LSC		
ITEM		DATE	ITEM		DATE	ITEM		DATE		
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0656	Correction	ID Prefix	F0686	Correction	ID Prefix	F0692		Correction	
Reg. #	483.21(b)(1)	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.25(g)(1)-(3)		Completed	
LSC		10/17/2019	LSC		10/17/2019	LSC			10/17/2019	
ID Prefix	F0760	Correction	ID Prefix	F0867	Correction	ID Prefix			Correction	
	483.45(f)(2)			483.75(g)(2)(ii)						
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed	
LSC		10/17/2019	LSC		10/17/2019	LSC				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	
LSC		·	LSC		·	LSC				
						-				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	
LSC			LSC			LSC				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	

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

Completed

Reg. #

LSC

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

Completed

Reg.#

LSC

Reg. #

9/19/2019

LSC

YES NO

Completed