## **POST-CERTIFICATION REVISIT REPORT**

| PROVIDER / SUPPLIER / CLIA / |    |             |                                       | DATE OF REVISIT |     |    |
|------------------------------|----|-------------|---------------------------------------|-----------------|-----|----|
| IDENTIFICATION NUMBER        |    | A. Building |                                       |                 |     |    |
| 345316                       | Y1 | B. Wing     | Y2                                    | 11/6/20         | 019 | Y3 |
| NAME OF FACILITY             |    |             | STREET ADDRESS, CITY, STATE, ZIP CODE |                 |     |    |
| SENIOR CITIZENS HOME         |    |             | 2275 RUIN CREEK ROAD                  |                 |     |    |
|                              |    |             | HENDERSON NC 27537                    |                 |     |    |

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<br>Reg. #<br>LSC   | F0641<br>483.20(g)         | Correction Completed 11/05/2019      | ID Prefix<br>Reg. #<br>LSC | F0656<br>483.21(b)(1)  | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | F0727<br>483.35(b)(1)-(3) | Correction<br>Completed<br>11/05/2019 |
| ID Prefix<br>Reg. #<br>LSC   | F0758<br>483.45(c)(3)(e)(1 | Correction -(5) Completed 11/05/2019 | ID Prefix<br>Reg. #<br>LSC | F0865<br>483.75(a)(2)(h)(i)                                      | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC |                           | Correction                            |
| ID Prefix<br>Reg. #<br>LSC   |                            | Correction Completed                 | ID Prefix<br>Reg. #<br>LSC |  | Correction Completed    | ID Prefix<br>Reg. #<br>LSC |                           | Correction Completed                  |
| ID Prefix<br>Reg. #<br>LSC   |                            | Correction Completed                 | ID Prefix<br>Reg. #<br>LSC |  | Correction Completed    | ID Prefix<br>Reg. #<br>LSC |                           | Correction                            |
| ID Prefix<br>Reg. #<br>LSC   |                            | Correction Completed                 | ID Prefix<br>Reg. #<br>LSC |  | Correction Completed    | ID Prefix<br>Reg. #<br>LSC |                           | Correction Completed                  |
| REVIEWED BY<br>STATE AGENCY     REVIEWED BY<br>(INITIALS)       REVIEWED BY<br>CMS RO     REVIEWED BY<br>(INITIALS)       FOLLOWUP TO SURVEY COMPLETED ON<br>10/9/2019 |                            |                                      |                            | SIGNATURE O<br>TITLE<br>CK FOR ANY UNCORRE<br>ORRECTED DEFICIENC | CTED DEFICIENCIES       |                            |                           |                                       |