POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT							
IDENTIFICATION NUMBER	A. Building									
345561 _{Y1}	B. Wing	Y2	12/31/2019	Y3						
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE								
UNIVERSAL HEALTH CARE/FUQ	UAY-VARINA	410 S JUDD PARKWAY SE								
		FUQUAY VARINA, NC 27526								
This was at it was a late of the consultation	for d. Okada assumption that NA adjaces AA adjaces									

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	F0583		Correction	ID Prefix	F0641		Correction	ID Prefix	F0655		Correction
Reg.#	483.10(h)(1)-(3)(i)(ii)	Completed	Reg.#	483.20(g)	Completed	Reg.#	483.21(a)(1)-(3)		Completed
LSC			12/07/2019	LSC			12/07/2019	LSC			12/07/2019
ID Prefix	F0689		Correction	ID Prefix	F0812		Correction	ID Prefix	F0867		Correction
	483.25(d)(1)(2)				483.60(i)(1)(2)			483.75(g)(2)(ii)		
Reg. # LSC			Completed 12/07/2019	Reg. # LSC			Completed 12/07/2019	Reg. # LSC			Completed 12/07/2019
			12/01/2010	Loc			12/01/2013				12/01/2010
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
Reg. #			Completed	Reg.#			Completed	Reg.#			Completed
LSC				LSC				LSC			
REVIEWED BY STATE AGENCY (INITIALS)		DATE		SIGNATURE O	F SURVEYOR			DATE			
REVIEWE CMS RO	D BY	REVIEWE (INITIALS		DATE		TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/16/2019			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?				YES	в 🗆 но			