POST-CERTIFICATION REVISIT REPORT											
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS' IDENTIFICATION NUMBER A. Building			TRUCTION						DATE 0	F REVISIT	
345377		Y1 B. Wing						Y2	9/14/20	Y3	
NAME OF FACILITY						STREET ADDRESS, CITY, STATE, ZIP CODE					
EAST CAROLINA REHAB AND WELLNESS					2575 W 5TH STREET GREENVILLE, NC 27834						
						GREENVILLE, NC 27834	•				
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	VI	DATE	ITEM			DATE	ITEM			DATE	
Y4		Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0677	Correction	ID Prefix	F0684		Correction	ID Prefix	F0686		Correction	
Reg.#	483.24(a)(2)	Completed	Reg.#	483.25		Completed	Reg.#	483.25(b)(1)(i)(ii)		Completed	
LSC		 08/14/2020	LSC			 08/14/2020	LSC			. 08/14/2020	
			1200							•	
ID Prefix	F0880	Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg.#	483.80(a)(1)(2)(4)(e)	(f) Completed	Reg. #			Completed	Reg.#			Completed	
LSC		08/14/2020	LSC				LSC				
			1200				200				
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	
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Reg. #		Completed	Reg. #			Completed	Reg.#			Completed	
LSC			LSC				LSC				
ID Prefix		Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg. #		Completed	Reg. #		Completed	Completed Reg. #			Completed		
LSC			LSC				LSC				
REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATUF		E OF SURVEYOR			DATE		

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

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

DATE

REVIEWED BY

CMS RO

7/22/2020

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

TITLE

YES NO

DATE