		P051	-CERI	IFICATIO	N KEVISII KI	=PORI			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS			TRUCTION			DATE OF REVISIT			
IDENTIFICATION NUMBER 345061 A. Building B. Wing							_{Y2} 1/6/	2021 _{Y3}	
NAME OF	FACILITY				STREET ADDRESS, CIT	Y. STATE. ZIP CODE	12		
	EALTH-DURHA	M			3100 ERWIN ROAD	, , , , , , , , , , , , , , , , , , , ,			
					DURHAM, NC 27705	DURHAM, NC 27705			
program, corrected provision	to show those dand the date su	oy a qualified State surveyor eficiencies previously repo ch corrective action was a identification prefix code p	orted on the occomplished	CMS-2567, State . Each deficien	ement of Deficiencies and cy should be fully identifie	I Plan of Correction, ed using either the re	that have been gulation or LSC	;	
ITEM DATE		DATE	ITEM		DATE ITEM			DATE	
Y4		Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0550	Correction	ID Prefix	F0684	Correction	ID Prefix		Correction	
Reg. #	483.10(a)(1)(2)(b)	(1)(2) Completed	Reg. #	483.25	Completed	Reg. #		Completed	
LSC		12/16/2020	LSC		12/16/2020	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	
Reg.#		Completed	Reg. #		Completed	Reg. #		Completed	
LSC			LSC			LSC			
ID Prefix Correction		Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg. # Completed		Reg. #		Completed	Reg. #		Completed		
LSC			LSC			LSC			
REVIEWED BY STATE AGENCY [INITIALS]		DATE	DATE SIGNATURE OF SURVEYOR		1		E		
REVIEWED BY CMS RO (INITIALS)		DATE	TITLE			DAT	E		
FOLLOW U	IP TO SURVEY CO	OMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						