POST-CERTIFICATION REVISIT REPORT

					II ICATION	A VEAISII VI	_F UNI			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CC IDENTIFICATION NUMBER A. Building				STRUCTION					DATE OF REVISIT	
345349 Y1 B. Wing								Y2	2/16/20	21 _{Y3}
NAME OF	FACILITY	,	l .			STREET ADDRESS, CIT	Y, STATE, ZIP	CODE		
WOODBL	JRY WE	LLNES	S CENTER INC			2778 COUNTRY CLUB DRIVE				
				HAMPSTEAD, NC 28443						
program, corrected	to show and the number	those of date so and the	by a qualified State surveyor deficiencies previously repo uch corrective action was a de identification prefix code p	rted on the ccomplished	CMS-2567, Staten d. Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Corred using eithe	ection, that have r the regulation o	r LSC	
ITEM			DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	F0697		Correction	ID Prefix	F0760	Correction	ID Prefix			Correction
Reg. #	483.25(k)	Completed	Reg. #	483.45(f)(2)	Completed	Reg.#			Completed
LSC			 02/12/2021	LSC		 02/12/2021	LSC			·
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			Completed
				100			100			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			Completed
				1.30			1.50			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			
				1200			200			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. # Completed			Reg. #		Completed	Reg.#			Completed	
LSC			LSC		·	LSC				
REVIEWED BY STATE AGENCY			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWED BY CMS RO			REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWU		RVEY C	OMPLETED ON			RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			□ ve	s 🗆 NO