## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT			
IDENTIFICATION NUMBER	A. Building					
345520 <sub>Y1</sub>	B. Wing	Y2	6/23/2021	Y3		
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE				
PELICAN HEALTH THOMASVILLE	<u> </u>	1028 BLAIR STREET				
		THOMASVILLE, NC 27360				

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).

<b>ITEM</b>   Y4 		DATE	ITEM		DATE	ITEM		DATE	
		Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0550	Correction	ID Prefix	F0553	Correction	ID Prefix	F0578	Correction	
Reg.#	483.10(a)(1)(2)(b)(1	)(2) Completed	Reg. #	483.10(c)(2)(3)	Completed	Reg.#	483.10(c)(6)(8)(g)(12) (v)	Completed	
LSC		05/18/2021	LSC		05/18/2021	LSC		05/18/2021	
ID Prefix	F0580	Correction	ID Prefix	F0623	Correction	ID Prefix	F0641	Correction	
Reg.#	483.10(g)(14)(i)-(iv)	(15) Completed	Reg. #	483.15(c)(3)-(6)(8)	Completed	Reg. #	483.20(g)	Completed	
LSC		05/18/2021	LSC		05/18/2021	LSC		05/18/2021	
ID Prefix	F0655	Correction	ID Prefix	F0656	Correction	ID Prefix	F0657	Correction	
Reg. #	483.21(a)(1)-(3)	Completed	Reg. #	483.21(b)(1)	Completed	Reg. #	483.21(b)(2)(i)-(iii)	Completed	
LSC		05/18/2021	LSC		05/18/2021			05/18/2021	
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		05/18/2021	LSC		05/18/2021	LSC		05/18/2021	
ID Drafix	5000	O a mara a kira na	ID Drafit	F0000	O a mana aki a m	ID Duefit	5000	O a mara ati a m	
ID Prefix Reg. #	F0689 483.25(d)(1)(2)	Correction Completed	ID Prefix Reg. #	F0690 483.25(e)(1)-(3)		ID Prefix Reg. #	F0698 483.25(I)	Correction Completed	
LSC		05/18/2021	LSC		05/18/2021	LSC		05/18/2021	
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE (	OF SURVEYOR		D	ATE		
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE				ATE	

## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTR IDENTIFICATION NUMBER A. Building					RUCTION						DATE OF REVISIT	
345520		Y1	B. Wing							Y2	6/23/202	21 <sub>Y3</sub>
NAME OF FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE					CODE			
PELICAN HEALTH THOMASVILLE								AIR STREET				
							SVILLE, NC 2736					
program, corrected provision	to show those d I and the date su	eficiencie ch correc	s previously repo tive action was a	orted on the ccomplished	CMS-25 d. Each	67, Statem deficiency	nent of D should b	eficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have er the regulation of of each requireme	r LSC	
ITEI	M		DATE	ITEM			DATE ITEM				DATE	
Y4			Y5	Y4				Y5	Y4			Y5
								-				-
ID Prefix	F0725		Correction	ID Prefix	F0726			Correction	ID Prefix	F0760		Correction
Reg.#	483.35(a)(1)(2)		Completed	Reg.#	483.35(a	a)(3)(4)(c)		Completed	Reg.#	483.45(f)(2)		Completed
			- 05/18/2021	_				05/18/2021				05/18/2021
LSC			-	LSC				03/16/2021	LSC			03/16/2021
			0 "									
ID Prefix	F0761		Correction	ID Prefix	F0881			Correction	ID Prefix	F0883		Correction
Reg.#	eg. # 483.45(g)(h)(1)(2) Completed		Reg. #		a)(3)		Completed	Reg. #	483.80(d)(1)(2)	3.80(d)(1)(2)		
LSC			05/18/2021	LSC				05/18/2021	LSC			05/18/2021
REVIEWE	D BY	REVIEW	ED BY	DATE		SIGNATUR	E OF SU	RVEYOR	L		DATE	
STATE AG	SENCY	(INITIAL	S)									
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE		TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/22/2021						D DEFICIENCIES CMS-2567) SEN			YES	□ NO		
			1						EVENT ID	\000E		