		POST	<b>-CERT</b>	<b>IFICATIO</b>	N REVISIT RI	EPORT	•			
	R / SUPPLIER / CLIA /	MULTIPLE CON	STRUCTION	RUCTION					DATE OF REVISIT	
IDENTIFICATION NUMBER  345481  A. Building  B. Wing									21 <sub>Y3</sub>	
NAME OF	FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE						
WOODLANDS NURSING & REHABILITATION CENTER					400 PELT DRIVE FAYETTEVILLE, NC 28301					
										program, corrected provision
ITEM		DATE	ITEM		DATE	ITEM			DATE	
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0561	Correction	ID Prefix	F0645	Correction	ID Prefix	F0725		Correction	
Reg.#	483.10(f)(1)-(3)(8)	Completed	Reg. #	483.20(k)(1)-(3)	Completed	Reg. #	483.35(a)(1)(2)		- Completed	
LSC		06/04/2021	LSC		06/04/2021	LSC			06/04/2021 	
ID Prefix	F0761	Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#	483.45(g)(h)(1)(2)	Completed	Reg.#		Completed	Reg. #			- Completed	
LSC		06/04/2021	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	ID Prefix		Correction	ID Prefix			Correction	

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF **FOLLOWUP TO SURVEY COMPLETED ON** UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 5/13/2021 YES NO

Completed

Reg. #

LSC

Completed

Reg.#

LSC

Reg. #

LSC

Completed