

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345177	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/10/2021	Y3
NAME OF FACILITY THE GREENS AT PINEHURST REHAB & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 205 RATTLESNAKE TRAIL PINEHURST, NC 28374		

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0550	Correction	ID Prefix F0561	Correction	ID Prefix F0580	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed
LSC	09/21/2021	LSC	09/21/2021	LSC	10/11/2021
ID Prefix F0585	Correction	ID Prefix F0641	Correction	ID Prefix F0656	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)	Completed
LSC	10/11/2021	LSC	09/21/2021	LSC	10/11/2021
ID Prefix F0658	Correction	ID Prefix F0686	Correction	ID Prefix F0689	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	09/21/2021	LSC	10/11/2021	LSC	10/11/2021
ID Prefix F0690	Correction	ID Prefix F0695	Correction	ID Prefix F0756	Correction
Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	09/21/2021	LSC	09/21/2021	LSC	09/21/2021
ID Prefix F0758	Correction	ID Prefix F0803	Correction	ID Prefix F0812	Correction
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	09/21/2021	LSC	09/21/2021	LSC	09/21/2021

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0842	Correction	ID Prefix F0908	Correction		
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.90(d)(2)	Completed		
LSC	10/11/2021	LSC	09/21/2021		

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/20/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		