

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345394	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/19/2021	Y3
NAME OF FACILITY BROOK STONE LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8990 HIGHWAY 17 SOUTH POLLOCKSVILLE, NC 28573		

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 F0563	Correction	ID Prefix F0641	Correction	ID Prefix F0657	Correction
Reg. # 483.10(f)(4)(ii)-(v)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	11/18/2021	LSC	11/18/2021	LSC	11/18/2021
ID Prefix F0677	Correction	ID Prefix F0727	Correction	ID Prefix F0761	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	11/18/2021	LSC	11/18/2021	LSC	11/18/2021
ID Prefix F0801	Correction	ID Prefix F0803	Correction	ID Prefix F0808	Correction
Reg. # 483.60(a)(1)(2)	Completed	Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.60(e)(1)(2)	Completed
LSC	11/18/2021	LSC	11/18/2021	LSC	11/18/2021
ID Prefix F0812	Correction	ID Prefix F0921	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.90(i)	Completed	Reg. #	Completed
LSC	11/18/2021	LSC	11/18/2021	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 10/6/2021		<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>		