

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345329	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/26/2022	Y3
NAME OF FACILITY GATEWAY REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HARPER AVENUE NW LENOIR, NC 28645		

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 F0583	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed
LSC	04/21/2022	LSC	04/21/2022	LSC	04/21/2022
ID Prefix F0641	Correction	ID Prefix F0646	Correction	ID Prefix F0655	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.20(k)(4)	Completed	Reg. # 483.21(a)(1)-(3)	Completed
LSC	04/21/2022	LSC	04/21/2022	LSC	04/21/2022
ID Prefix F0657	Correction	ID Prefix F0660	Correction	ID Prefix F0677	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(c)(1)(i)-(ix)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	04/21/2022	LSC	04/21/2022	LSC	04/21/2022
ID Prefix F0688	Correction	ID Prefix F0725	Correction	ID Prefix F0732	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.35(g)(1)-(4)	Completed
LSC	04/21/2022	LSC	04/21/2022	LSC	04/21/2022
ID Prefix F0742	Correction	ID Prefix F0758	Correction	ID Prefix F0761	Correction
Reg. # 483.40(b)(1)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	04/21/2022	LSC	04/21/2022	LSC	04/21/2022

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	F0806	Correction			
Reg. #	483.60(d)(4)(5)	Completed			
LSC		04/21/2022			

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 3/21/2022			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		