

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345370	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/1/2022	Y3
NAME OF FACILITY PINEHURST HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD 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 F0554	Correction	ID Prefix F0636	Correction	ID Prefix F0637	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.20(b)(1)(2)(i)(iii)	Completed	Reg. # 483.20(b)(2)(ii)	Completed
LSC	06/27/2022	LSC	06/27/2022	LSC	06/27/2022
ID Prefix F0641	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	06/27/2022	LSC	06/27/2022	LSC	06/27/2022
ID Prefix F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	06/27/2022	LSC	06/27/2022	LSC	06/27/2022
ID Prefix F0689	Correction	ID Prefix F0692	Correction	ID Prefix F0695	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(i)	Completed
LSC	06/27/2022	LSC	06/27/2022	LSC	06/27/2022
ID Prefix F0698	Correction	ID Prefix F0726	Correction	ID Prefix F0756	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	06/27/2022	LSC	06/27/2022	LSC	06/27/2022
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 F0758	Correction	ID Prefix F0947	Correction		
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.95(g)(1)-(4)	Completed		
LSC	06/27/2022	LSC	06/27/2022		

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 5/26/2022		<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		