

POST-CERTIFICATION REVISIT REPORT

| | | | | | |
|--|----|---|--|-----------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345393 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 9/1/2022 | Y3 |
| NAME OF FACILITY PISGAH MANOR HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOLCOMBE COVE ROAD CANDLER, NC 28715 | | |

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 F0554 | Correction | ID Prefix F0558 | Correction |
| Reg. # 483.10(a)(1)(2)(b)(1)(2) | Completed | Reg. # 483.10(c)(7) | Completed | Reg. # 483.10(e)(3) | Completed |
| LSC | 07/04/2022 | LSC | 07/04/2022 | LSC | 07/04/2022 |
| ID Prefix F0561 | Correction | ID Prefix F0578 | Correction | ID Prefix F0583 | Correction |
| Reg. # 483.10(f)(1)-(3)(8) | Completed | Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v) | Completed | Reg. # 483.10(h)(1)-(3)(i)(ii) | Completed |
| LSC | 07/04/2022 | LSC | 07/04/2022 | LSC | 07/04/2022 |
| ID Prefix F0622 | Correction | ID Prefix F0641 | Correction | ID Prefix F0644 | Correction |
| Reg. # 483.15(c)(1)(i)(ii)(2)(i)-(iii) | Completed | Reg. # 483.20(g) | Completed | Reg. # 483.20(e)(1)(2) | Completed |
| LSC | 07/04/2022 | LSC | 07/04/2022 | LSC | 07/04/2022 |
| ID Prefix F0657 | Correction | ID Prefix F0677 | Correction | ID Prefix F0684 | Correction |
| Reg. # 483.21(b)(2)(i)-(iii) | Completed | Reg. # 483.24(a)(2) | Completed | Reg. # 483.25 | Completed |
| LSC | 07/04/2022 | LSC | 07/04/2022 | LSC | 07/04/2022 |
| ID Prefix F0686 | Correction | ID Prefix F0695 | Correction | ID Prefix F0725 | Correction |
| Reg. # 483.25(b)(1)(i)(ii) | Completed | Reg. # 483.25(i) | Completed | Reg. # 483.35(a)(1)(2) | Completed |
| LSC | 07/04/2022 | LSC | 07/04/2022 | LSC | 07/04/2022 |

| | | | | | |
|--------------------------|--------------------------|------------------------|------|-----------------------|------|
| 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 |

POST-CERTIFICATION REVISIT REPORT

| | | | | | |
|--|----|---|--|-----------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345393 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 9/1/2022 | Y3 |
| NAME OF FACILITY PISGAH MANOR HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOLCOMBE COVE ROAD CANDLER, NC 28715 | | |

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 F0810 | Correction | ID Prefix F0812 | Correction | ID Prefix F0842 | Correction |
| Reg. # 483.60(g) | Completed | Reg. # 483.60(i)(1)(2) | Completed | Reg. # 483.20(f)(5), 483.70(i)(1)-(5) | Completed |
| LSC | 07/04/2022 | LSC | 07/04/2022 | LSC | 07/04/2022 |
| ID Prefix F0880 | Correction | ID Prefix F0888 | Correction | | |
| Reg. # 483.80(a)(1)(2)(4)(e)(f) | Completed | Reg. # 483.80(i)(1)-(3)(i)-(x) | Completed | | |
| LSC | 07/04/2022 | LSC | 07/04/2022 | | |

| | | | | |
|---|------------------------|---|-----------------------|------|
| 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 6/10/2022 | | <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 | | |