

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345266	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/13/2023	Y3
NAME OF FACILITY THE CARROLTON OF PLYMOUTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1084 US 64 EAST PLYMOUTH, NC 27962		

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 F0583	Correction	ID Prefix F0585	Correction	ID Prefix F0600	Correction
Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12(a)(1)	Completed
LSC	03/15/2023	LSC	03/15/2023	LSC	03/15/2023
ID Prefix F0607	Correction	ID Prefix F0609	Correction	ID Prefix F0655	Correction
Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.21(a)(1)-(3)	Completed
LSC	03/15/2023	LSC	03/10/2023	LSC	03/15/2023
ID Prefix F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0685	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(a)(1)(2)	Completed
LSC	03/15/2023	LSC	03/15/2023	LSC	03/15/2023
ID Prefix F0689	Correction	ID Prefix F0690	Correction	ID Prefix F0692	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	03/15/2023	LSC	03/15/2023	LSC	03/15/2023
ID Prefix F0791	Correction	ID Prefix F0867	Correction	ID Prefix F0880	Correction
Reg. # 483.55(b)(1)-(5)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	03/15/2023	LSC	03/15/2023	LSC	03/10/2023

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 345266	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/13/2023	Y3
NAME OF FACILITY THE CARROLTON OF PLYMOUTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1084 US 64 EAST PLYMOUTH, NC 27962		

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 F0940	Correction	ID Prefix F0947	Correction		
Reg. # 483.95	Completed	Reg. # 483.95(g)(1)-(4)	Completed		
LSC	03/15/2023	LSC	03/15/2023		

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 2/16/2023		<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		