

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345116	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/17/2024	Y3
NAME OF FACILITY PIEDMONT HILLS CENTER FOR NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 109 S HOLDEN RD GREENSBORO, NC 27407		

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 F0578	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	01/04/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0580	Correction	ID Prefix F0582	Correction	ID Prefix F0584	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.10(i)(1)-(7)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0585	Correction	ID Prefix F0602	Correction	ID Prefix F0607	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0641	Correction	ID Prefix F0642	Correction	ID Prefix F0657	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.20(h)-(j)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0660	Correction	ID Prefix F0677	Correction	ID Prefix F0690	Correction
Reg. # 483.21(c)(1)(i)-(ix)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024

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 F0697	Correction	ID Prefix F0727	Correction	ID Prefix F0756	Correction
Reg. # 483.25(k)	Completed	Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0758	Correction	ID Prefix F0761	Correction	ID Prefix F0791	Correction
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.55(b)(1)-(5)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0806	Correction	ID Prefix F0812	Correction	ID Prefix F0867	Correction
Reg. # 483.60(d)(4)(5)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0883	Correction	ID Prefix F0914	Correction	ID Prefix F0944	Correction
Reg. # 483.80(d)(1)(2)	Completed	Reg. # 483.90(e)(1)(iv)(v)	Completed	Reg. # 483.95(d)	Completed
LSC	01/01/2024	LSC	01/01/2024	LSC	01/01/2024
ID Prefix F0947	Correction				
Reg. # 483.95(g)(1)-(4)	Completed				
LSC	01/01/2024				

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 12/4/2023		<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		