

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345217	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/7/2024	Y3
NAME OF FACILITY PREMIER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 225 WHITE STREET JACKSONVILLE, NC 28546		

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 F0600 Reg. # 483.12(a)(1) LSC	Correction Completed 04/23/2024	ID Prefix F0641 Reg. # 483.20(g) LSC	Correction Completed 04/23/2024	ID Prefix F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 04/23/2024
ID Prefix F0677 Reg. # 483.24(a)(2) LSC	Correction Completed 04/23/2024	ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 04/23/2024	ID Prefix F0695 Reg. # 483.25(i) LSC	Correction Completed 04/23/2024
ID Prefix F0761 Reg. # 483.45(g)(h)(1)(2) LSC	Correction Completed 04/23/2024	ID Prefix F0867 Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii) LSC	Correction Completed 04/23/2024	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 04/23/2024
ID Prefix F0883 Reg. # 483.80(d)(1)(2) LSC	Correction Completed 04/23/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 3/27/2024		<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		