DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345436 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing Y2	DATE OF REVISIT 10/17/2024 Y3
NAME OF FACILITY WELLINGTON REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 TANDAL PLACE KNIGHTDALE, NC 27545	

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 F0604 Reg. # 483.10(e)(1), 483.12(a)(2) LSC	Correction Completed 09/21/2024	ID Prefix F0637 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 09/21/2024	ID Prefix F0641 Reg. # 483.20(g) LSC	Correction Completed 09/21/2024
ID Prefix F0677 Reg. # 483.24(a)(2) LSC	Correction Completed 09/21/2024	ID Prefix F0761 Reg. # 483.45(g)(h)(1)(2) LSC	Correction Completed 09/21/2024	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 09/21/2024
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE		DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/4/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO