POST-CERTIFICATION REVISIT REPORT														
PROVIDER / SUPPLIER / CLIA / MULTIPLE CO IDENTIFICATION NUMBER A. Building B. Wing				TRUCTION								F REVISIT		
345551							Y2	11/13/2	024 _{Y3}					
NAME OF FACILITY								STREET ADDRESS, CITY, STATE, ZIP CODE						
PRUITTH	IEALTH-CAROL	INA POIN	IT	5935 MOUNT SINAI ROAD										
							DURHA	M, NC 27705						
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			DATE	ITEM			DATE ITEM					DATE		
Y4			Y5	Y4				Y5	Y4			Y5		
ID Prefix	F0580		Correction	ID Prefix	F0641			Correction	ID Prefix	F0656		Correction		
Reg. #	483.10(g)(14)(i)-(v)(15)	Completed	Reg. #	483.20(1)		Completed	Reg.#	483.21(b)(1)(3)		Completed		
LSC			- · 11/07/2024	LSC				11/07/2024	LSC			11/07/2024		
			_											
ID Prefix	F0805		Correction	ID Prefix	F0812			Correction	ID Prefix			Correction		
ID FIEIIX			- Correction	ID FIEIX				Correction	ID FIEIIX			Correction		
Reg.#	483.60(d)(3)		Completed	Reg. #	483.60(i)(1)(2)		Completed	Reg.#			Completed		
LSC			11/07/2024	LSC				11/07/2024	LSC					
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction		
Reg.#			Completed	Reg. #				Completed	Reg.#	-		Completed		
LSC			-	LSC				Completed	LSC			Completed		
LSC			_	LSC										
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction		
Reg. #		Completed	Reg. #				Completed	Reg.#			Completed			
LSC		_	LSC					LSC						
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ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction		
			-	ID I ICIIX				Concollon	ID I ICIIX			Joneodon		
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed		
LSC			_	LSC					LSC					
REVIEWED BY REVIEWED BY (INITIALS)				DATE SIGNATUR			RE OF SURVEYOR				DATE			

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

DATE

REVIEWED BY

CMS RO

10/17/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

YES NO

DATE