

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345529	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/7/2024	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/NORTH RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		

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 F0559	Correction	ID Prefix F0580	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(4)-(6)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024
ID Prefix F0584	Correction	ID Prefix F0600	Correction	ID Prefix F0609	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024
ID Prefix F0610	Correction	ID Prefix F0624	Correction	ID Prefix F0635	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.15(c)(7)	Completed	Reg. # 483.20(a)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024
ID Prefix F0655	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024
ID Prefix F0660	Correction	ID Prefix F0677	Correction	ID Prefix F0684	Correction
Reg. # 483.21(c)(1)(i)-(ix)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024

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 F0690	Correction	ID Prefix F0695	Correction	ID Prefix F0725	Correction
Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024
ID Prefix F0755	Correction	ID Prefix F0757	Correction	ID Prefix F0806	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024
ID Prefix F0825	Correction	ID Prefix F0842	Correction	ID Prefix F0925	Correction
Reg. # 483.65(a)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.90(i)(4)	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	10/14/2024

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 9/12/2024		<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		