## **POST-CERTIFICATION REVISIT REPORT**

| PROVIDER / SUPPLIER / CLIA / | MULTIPLE CONSTRUCTION |                                       | DATE OF REVISIT |    |  |  |  |  |
|------------------------------|-----------------------|---------------------------------------|-----------------|----|--|--|--|--|
| IDENTIFICATION NUMBER        | A. Building           |                                       |                 |    |  |  |  |  |
| 345529 <sub>Y1</sub>         | B. Wing               | Y2                                    | 11/7/2024       | Y3 |  |  |  |  |
| NAME OF FACILITY             |                       | STREET ADDRESS, CITY, STATE, ZIP CODE |                 |    |  |  |  |  |
| UNIVERSAL HEALTH CARE/NOR    | TH RALEIGH            | 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).

| <b>ITEM</b><br>Y4                   |                          | DATE               | ITEM       |                  | DATE              | ITEM             |                              | DATE         |
|-------------------------------------|--------------------------|--------------------|------------|------------------|-------------------|------------------|------------------------------|--------------|
|                                     |                          | Y5                 | Y4         |                  | Y5                | Y4               |                              | Y5           |
| ID Prefix                           | F0550                    | Correction         | ID Prefix  | F0559            | Correction        | ID Prefix        | F0580                        | Correction   |
| Reg.#                               | 483.10(a)(1)(2)(b)(1)(2) | <br>Completed      | Reg. #     | 483.10(e)(4)-(6) | )<br>Completed    | Reg.#            | 483.10(g)(14)(i)-(iv)(1      | 5) Completed |
| LSC                                 |                          | 10/14/2024<br>     | 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)((1)(4) | c) 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         | 483.25<br>Reg. # |                              | Completed    |
| LSC                                 |                          | <br>10/14/2024<br> | LSC        |                  | 10/14/2024        | LSC              |                              | 10/14/2024   |
| REVIEWED BY STATE AGENCY (INITIALS) |                          |                    | DATE       | SIGNA            | ATURE OF SURVEYOR |                  | D                            | ATE          |
| REVIEWED BY CMS RO (INITIALS)       |                          |                    | DATE TITLE |                  |                   |                  |                              |              |

## **POST-CERTIFICATION REVISIT REPORT**

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building B. Wing |                               |                           |  |                         |                                 |   |                           |                         |  |                              | Y2  | DATE OF REVISIT 2 11/7/2024 y3 |            |
|--|-------------------------------|---------------------------|--|-------------------------|---------------------------------|---|---------------------------|-------------------------|--|------------------------------|---|--------------------------------|------------|
| NAME OF FACILITY UNIVERSAL HEALTH CARE/NORTH RALEIGH                   |                               |                           |  |                         |                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5201 CLARKS FORK DRIVE NW<br>RALEIGH, NC 27616 |                           |                         |  |                              |   | 13                             |            |
| program,<br>corrected<br>provision                                     | to show th<br>and the d       | ose o<br>ate su<br>nd the | leficiencie<br>ich correc  | ctive action was a      | rted on the                     | CMS-25<br>d. Each   | 667, Staten<br>deficiency | nent of D<br>should     | Deficiencies and<br>be fully identifie | Plan of Cor<br>d using eithe | ent Amendments<br>rection, that have<br>er the regulation or<br>of each requireme | LSC                            |            |
| ITEN   | И                             |                           |  | DATE                    | ITEM                            |   |                           |                         | DATE                                   | ITEM                         |   |                                | DATE       |
| Y4   |                               |                           |  | Y5                      | Y4                              |   |                           | Y5                      | Y5 Y4                                  |                              | Y5  |                                |            |
| ID Prefix  | F0690<br>483.25(e)(           | 1)-(3)                    |  | Correction              | ID Prefix                       | F0695<br>483.25(i   | i)                        |                         | Correction                             | ID Prefix                    | F0725<br>483.35(a)(1)(2)  |                                | Correction |
| Reg. #<br>LSC  | # 403.23(e)(1)-(3)            |                           | Completed<br>-<br>10/14/2024<br>-  | Reg. #<br>LSC           |                                 |   |                           | Completed<br>10/14/2024 | Reg. #<br>LSC                          |                              |   | Completed<br>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                             | LSC   |                           |                         | 10/14/2024                             | LSC                          |   |                                | 10/14/2024 |
| ID Prefix  | x <u>F0825</u> Corre          |                           | Correction   | ID Prefix               | ) Prefix                        |   |                           | Correction              | ID Prefix                              | F0925                        |   | Correction                     |            |
| Reg.#  | 483.65(a)(1)(2)               |                           | Completed<br><br>10/14/2024  | Reg. #                  | 483.20(f)(5), 483.70<br>(1)-(5) |   | (h)                       | Completed               | Reg. #                                 | 483.90(i)(4)                 |   | Completed 10/14/2024           |            |
| LSC  |                               |                           |  | 10/14/2024              | LSC                             |   |                           |                         | 10/14/2024                             | LSC                          |   |                                | 10/14/2024 |
|  |                               |                           |  |                         |                                 |   |                           |                         |  |                              |   |                                |            |
|  |                               |                           |  |                         |                                 |   |                           |                         |  |                              |   |                                |            |
|  |                               |                           |  |                         |                                 |   |                           |                         |  |                              |   |                                |            |
|  |                               |                           |  |                         |                                 |   |                           |                         |  |                              |   |                                |            |
|  |                               |                           |  |                         |                                 |   |                           |                         |  |                              |   |                                |            |
| REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)                        |                               |                           | DATE SIGNATU   |                         | SIGNATUR                        | RE OF SURVEYOR  |                           |                         |  | DATE                         |   |                                |            |
| REVIEWEI   | REVIEWED BY CMS RO (INITIALS) |                           |  | DATE TITLE              |                                 |   |                           |                         |  |                              | DATE  |                                |            |
| FOLLOWUP TO SURVEY COMPLETED ON 9/12/2024                              |                               |                           | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES NO |                         |                                 |   |                           |                         | s 🔲 NO                                 |                              |   |                                |            |