## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345529 <sub>Y1</sub>	B. Wing	Y2	4/14/2025	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).

ITE	M	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	F0558	Correction	ID Prefix	F0565	Correction	ID Prefix	F0580	Correction
Reg. #	483.10(e)(3)	Completed	Reg. #	483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg.#	483.10(g)(14)(i)-(iv)(1	5) Completed
LSC		04/14/2025	LSC		04/14/2025	LSC		04/14/2025
ID Prefix	F0583	Correction	ID Prefix	F0584	Correction	ID Prefix	F0602	Correction
Reg. #	483.10(h)(1)-(3)(i)	(ii) Completed	Reg. #	483.10(i)(1)-(7)	Completed	Reg.#	483.12	Completed
LSC		04/14/2025	LSC		04/14/2025	LSC		04/14/2025
ID Prefix	F0623	Correction	ID Prefix	F0641	Correction	ID Prefix	F0660	Correction
Reg.#	483.15(c)(3)-(6)(8		Reg. #	483.20(g)		Reg. #	483.21(c)(1)(i)-(ix)	Completed
LSC	04/14/2025		LSC		04/14/2025	LSC		04/14/2025
ID Prefix	F0677	Correction	ID Prefix	F0689	Correction	ID Prefix	F0697	Correction
Reg.#	483.24(a)(2)	Completed	Reg. #	483.25(d)(1)(2)	Completed	Reg.#	483.25(k)	Completed
LSC	04/14/2025 LSC		04/14/2025 LS				04/14/2025	
ID Prefix	F0726	Correction	ID Prefix	F0727	Correction	ID Prefix	F0756	Correction
Reg.#	483.35(a)(3)(4)(c) Completed		Reg. #	483.35(b)(1)-(3)	Completed	Reg.#	483.45(c)(1)(2)(4)(5)	Completed
LSC		04/14/2025	LSC		04/14/2025	LSC		04/14/2025
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE OF	URVEYOR			ATE	
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE			PATE	

## POST-CERTIFICATION REVISIT REPORT

			031-	CERT		AIIOI	1 1/1	VISIT KE	-F UK I			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTION NUMBER A. Building			FRUCTION						DATE OF REVISIT			
345529	ATION NOMBER	Y1 B. Wing	•							Y2	4/14/20	25 <sub>Y3</sub>
NAME OF	FACILITY	L					STREE	T ADDRESS, CIT	Y, STATE, ZIF		<u> </u>	
UNIVERSAL HEALTH CARE/NORTH RALEIGH							l	ARKS FORK DR				
								RALEIGH, NC 27616				
program, corrected provision	to show those d and the date su	ch corrective acti	usly repor on was ac	ted on the complished	CMS-25 d. Each	67, Statem deficiency	nent of D should I	eficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have er the regulation o of each requirem	r LSC	
ITEM DATE		ATE	ITEM				DATE	ITEM			DATE	
Y4		`	Y5	Y4				Y5	Y4			Y5
ID Prefix	F0759	Corre	ction	ID Prefix	F0760			Correction	ID Prefix	F0801		Correction
Reg. #	483.45(f)(1)	Comp	leted	Reg. #	483.45(1	f)(2)		Completed	Reg.#	483.60(a)(1)(2)		Completed
LSC		04/14/	2025	LSC				04/14/2025	LSC			04/14/2025
									_			
ID Prefix	F0804	Corre	ction	ID Prefix F0842			Correction	ID Prefix	F0847		Correction	
Reg.#	483.60(d)(1)(2)		oleted	Reg. # 483.20(f)(5), 483.70((1)-(5)		(h)	Completed	Reg.#	483.70(m)(1)(2)(i)(ii)(3)- (5)		Completed	
LSC		04/14/	2025	LSC	(1)-(3)			04/14/2025	LSC	(0)		04/14/2025
				_								
ID Prefix	F0848	Corre	ction	ID Prefix	F0881			Correction	ID Prefix	F0914		Correction
Reg.#	483 70(m) 483 70(m)(2)		Noted	483.80(a)(3)		a)(3)		483.90(e)(1)(			Completed	
	(iii)(iv)(6)	Comp		Reg. #				O4/14/2025	_	-		•
LSC		04/14/:	2025	LSC				04/14/2025	LSC			04/14/2025
ID Prefix	F0940	Corre	ction									
	483.95											
Reg.#		Comp										
LSC		04/14/2	2025	_								
REVIEWED BY STATE AGENCY (INITIALS)		DATE SIGNATUR		RE OF SURVEYOR				DATE				
REVIEWE	D ВҮ 🗆	REVIEWED BY (INITIALS)		DATE		TITLE			_		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/24/2025				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?							в 🔲 по	