POST-CERTIFICATION REVISIT REPORT												
PROVIDE	RUCTION							DATE OF REVISIT				
IDENTIFICATION NUMBER 345392 A. Building B. Wing											5/29/20	25
345392							Y2	3/29/20	23 Y3			
NAME OF FACILITY						STREET ADDRESS, CITY, STATE, ZIP CODE						
WADESBORO HEALTH & REHAB CENTER						2051 COUNTRY CLUB ROAD						
			WADESBORO, NC 28170									
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	DATE ITEM			DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0641		Correction	ID Prefix	F0656			Correction	ID Prefix	F0658		Correction
Reg.#	483.20(g)		Completed	Reg.#	483.21(b)(1)(3)		Completed	Reg.#	483.21(b)(3)(i)		Completed
LSC			05/22/2025	LSC				05/22/2025	LSC			05/22/2025
			-	LSC	-			03/22/2020	L3C			03/22/2020
ID Prefix	F0812		Correction	ID Prefix				Correction	ID Prefix			Correction
Reg.#	483.60(i)(1)(2)		Completed	Reg.#				Completed	Reg.#			Completed
LSC			05/22/2025	LSC				o simple to u	LSC			00p.0.00
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #				Completed	Reg.#			Completed
			- Completed					Completed	_			Completed
LSC				LSC					LSC			
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction
			=									
Reg. # 		Completed	Reg. #			Completed	Reg.#			Completed		
		=	LSC					LSC				
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			-				00110041011	12 1 101111			00110011011	
Reg. #			Completed	Reg. #			Completed	Reg.#			Completed	
LSC			_	LSC					LSC	_		
REVIEWED BY STATE AGENCY				DATE		SIGNATUR	E OF SU	IRVEYOR			DATE	
STATE AGENCY [INITIALS]												
REVIEWED BY REVIEW			ED BY	DATE		TITLE					DATE	

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

REVIEWED BY CMS RO

5/7/2025

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO