

## MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

## PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY OR SURVEY OPERATIONS GROUP

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 345181		3. NAME AND ADDRESS OF FACILITY (L3) UNIVERSAL HEALTH CARE/GREENVILLE (L4) 2578 WEST FIFTH STREET (L5) GREENVILLE, NC 27834		4. TYPE OF ACTION (L8)  Onsite Visit	
2. STATE VENDOR OR MEDICAID NO. (L2) 3455181		7. PROVIDER/SUPPLIER CATEGORY (L7)  SNF/NF Dual Certification		9. FISCAL YEAR ENDING DATE (L35)	
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (L9)					
6. DATE OF SURVEY (L34) 07/16/2025					
8. ACCREDITATION STATUS (L10)					
11. LTC PERIOD OF CERTIFICATION  From (a): To (b):		10. THE FACILITY IS CERTIFIED AS AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS			
12. Total Facility Beds (L18) 120		<input checked="" type="checkbox"/> A. In Compliance with Program Requirements <b>COMPLIANCE BASED ON:</b> <input checked="" type="checkbox"/> 1- Acceptable POC <div style="border: 1px dashed black; padding: 5px; display: inline-block;">             B. Not in Compliance with Program Requirements and/or Applied Waivers   <input type="checkbox"/> NOT IN COMPLIANCE              A/B (IF APPLICABLE CODES 1-9)           </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 2 - TECHNICAL PERSONNEL  <input type="checkbox"/> 3 - 24 HR RN  <input type="checkbox"/> 4 - 7-DAY RN (Rural SNF)  <input type="checkbox"/> 5 - LIFE SAFETY CODE           </div> <div> <input type="checkbox"/> 6 - SCOPE OF SERVICE LIMITED  <input type="checkbox"/> 7 - MEDICAL DIRECTOR  <input type="checkbox"/> 8 - PATIENT ROOM  <input type="checkbox"/> 9 - BEDS PER ROOM           </div> </div>			
13. Total Certified Beds (L17) 120					
14. LTC CERTIFIED BED BREAKDOWN					
18-SNF (L37)	18/19- SNF (L38)	19-SNF (L39)	20- ICF/IID (L42)		
	120				
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): Transmit on-site revisit survey of 07/16/25. Facility in compliance effective 07/07/25. Event ID# LXBW-H2. Administrator: Ms. Jackie Woolard (jackie.woolard@greenvillehrc.com)					
17. SURVEYOR SIGNATURE  Janna Daugherty			18. STATE SURVEY AGENCY APPROVAL  Tracie Strickland		
DATE 07/22/2025 (L19)			DATE 07/22/2025 (L20)		

## PART II- TO BE COMPLETED BY THE CMS SURVEY AND OPERATIONS GROUP LOCATION OR STATE AGENCY

19. DETERMINATION OF ELIGIBILITY (L21) <input checked="" type="checkbox"/> 1-FACILITY IS ELIGIBLE TO PARTICIPATE <input type="checkbox"/> 2-FACILITY IS NOT ELIGIBLE TO PARTICIPATE		20. INITIAL SURVEY DETERMINATION SURVEY #1 <input type="checkbox"/> SURVEY #2 <input type="checkbox"/> SURVEY #3 (FINAL ATTEMPT) <input type="checkbox"/>			
22. EFFECTIVE DATE (L24) 07/26/1978	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION <b>VOLUNTARY</b> <input type="checkbox"/> 1- MERGER, CLOSURE <input type="checkbox"/> 2- DISSATISFACTION WITH REIMBURSEMENT <input type="checkbox"/> 3- RISK OF INVOLUNTARY TERMINATION <input type="checkbox"/> 4- OTHER REASON FOR WITHDRAWAL <b>INVOLUNTARY</b> <input type="checkbox"/> 5- FAILURE TO MEET HEALTH/SAFETY <input type="checkbox"/> 6- FAILURE TO MEET AGREEMENT <b>OTHER</b> <input type="checkbox"/> 7- PROVIDER STATUS CHANGE <input type="checkbox"/> 00- ACTIVE (L30)		
25. LTC EXTENSION DATE (L27)	27. ALTERNATIVE SANCTIONS A. SUSPENSION OF ADMISSION (L44) B. RESCIND SUSPENSION DATE (L45)				
28. TERMINATION DATE (L28)	29. MAC ID NUMBER (L31)	30. REMARKS			
31. CMS LOCATION OR MAC RECEIPT OF 1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	33. INITIAL CERTIFICATION DETERMINATION REMARKS			