

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> AB0028	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 3/27/2013
<b>Name of Facility</b> A WOMAN'S CHOICE OF RALEIGH, INC	<b>Street Address, City, State, Zip Code</b> 3305 DRAKE CIRCLE RALEIGH, NC 27607	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>E0127</u> Reg. # <u>.0206(4)</u> LSC _____	Correction Completed 03/27/2013	ID Prefix <u>E0141</u> Reg. # <u>.0305(E)</u> LSC _____	Correction Completed 03/27/2013	ID Prefix <u>E0157</u> Reg. # <u>.0311(A)</u> LSC _____	Correction Completed 03/27/2013
ID Prefix <u>E0158</u> Reg. # <u>.0311(B)</u> LSC _____	Correction Completed 03/27/2013	ID Prefix <u>E0163</u> Reg. # <u>.0313(C)</u> LSC _____	Correction Completed 03/27/2013	ID Prefix <u>E169</u> Reg. # <u>.0402</u> LSC _____	Correction Completed 03/27/2013
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Debra Marty</i>	Date: 3/28/2013
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor:	Date:

Followup to Survey Completed on: 1/24/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		