	POST-CERTIFICATION REVISIT REPORT												
	R / SUPPLIER / CI CATION NUMBER		MULTIPLE CONS A. Building	TRUCTION							DATE O	F REVISIT	
345510 _{Y1} B. Wing										Y2	9/25/20	19 _{Y3}	
NAME OF	FACILITY						STREET	ADDRESS, CIT	Y, STATE, ZIP	CODE			
PRODIG'				911 WESTERN BOULEVARD									
				TARBORO, NC 27886									
program, corrected provision	to show those d I and the date su	eficiencies ich correcti	previously repo ve action was a	rted on the ccomplished	CMS-25 d. Each	667, Stater deficiency	ment of D / should b	eficiencies and be fully identifie	I Plan of Correct Using either	ent Amendments ection, that have r the regulation or of each requireme	LSC		
ITEM			DATE	ITEM			DATE ITEM				DATE		
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0641		Correction	ID Prefix	F0677			Correction	ID Prefix			Correction	
Reg. #	483.20(g)		Completed	Reg. #	483.24(a)(2)		Completed	Reg. #			Completed	
			•	_				·	_			Completed	
LSC			08/23/2019	LSC				09/09/2019	LSC				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed	
LSC				LSC					LSC				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed	
LSC				LSC					LSC				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg.#			Completed	Reg. #				Completed	Reg. #			Completed	
LSC				LSC				LSC					
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction		
Reg. #			Completed	Reg. #			Completed	Reg. #			Completed		
LSC				LSC					LSC				
REVIEWED BY STATE AGENCY (INITIALS)				DATE SI		SIGNATU	SIGNATURE OF SURVEYOR				DATE		
REVIEWED BY REVIEWE			D BY		TITLE					DATE			

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

CMS RO

8/23/2019

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO