Centers for Medicare & Medicaid Services
Department of Health and Human Services

Post-Certification Revisit Report

Provider / Supplier / CLIA / Identification Number
345233

Multiple Construction
A. Building
B. Wing

Date of Revisit
10/29/2019

Name of Facility
Deer Park Health & Rehabilitation

Street Address, City, State, Zip Code
306 Deer Park Road
Nebo, NC 28761

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).

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<th>ID Prefix</th>
<th>Correction</th>
<th>Reg. #</th>
<th>LSC</th>
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Reviewed by State Agency
Reviewed by CMS RO

Followup to Survey Completed on 9/10/2019

Check for any uncorrected deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) sent to the facility?

Yes No