POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	-						
IDENTIFICATION NUMBER	A. Building									
345403 _{Y1}	B. Wing	Y2	12/4/2019	Y3						
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE								
CARY HEALTH AND REHABILITATION		6590 TRYON ROAD								
		CARY, NC 27518								

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).

ITEN	М	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0573 483.10(g)(2)(i)(ii)(Correction Completed 11/30/2019	ID Prefix Reg. # LSC	F0585 483.10(j)(1)-(4)	Correction Completed 11/30/2019	ID Prefix Reg. # LSC	F0684 483.25	Correction Completed 11/30/2019
ID Prefix Reg. # LSC	F0727 483.35(b)(1)-(3)	Correction Completed 11/30/2019	ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 11/30/2019	ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)	Correction Completed 11/30/2019
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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