Post-Certification Revisit Report

Provider / Supplier / CLIA / Identification Number:
- Multiple Construction
- 345552

Name of Facility:
The Shannon Gray Rehabilitation & Recovery Center

Street Address, City, State, Zip Code:
- 2005 Shannon Gray Court
- Jamestown, NC 27282

Date of Revisit:
5/22/2020

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).

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Item</th>
<th>Date</th>
<th>Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>0880</td>
<td>Correction</td>
<td>ID Prefix</td>
<td></td>
<td>Correction</td>
</tr>
<tr>
<td>Reg. #</td>
<td>483.80(a)(1)(2)(4)(e)(f)</td>
<td>Completed</td>
<td>Reg. #</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>LSC</td>
<td>05/18/2020</td>
<td>LSC</td>
<td></td>
<td>LSC</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed by State Agency:

Reviewed by CMS RO:

Followup to Survey Completed On:
4/30/2020

Check for any uncorrected deficiencies. Was a summary of uncorrected deficiencies (CMS-2567) sent to the facility? [ ] Yes  [ ] No

Event ID: D45T12