## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT			
IDENTIFICATION NUMBER	A. Building					
345279 <sub>Y1</sub>	B. Wing	Y2	11/6/2020	Y3		
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE				
HUNTER HILLS NURSING AND R	EHABILITATION CENTER	7369 HUNTER HILL ROAD				
		ROCKY MOUNT, NC 27804				

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).

ITE	м	DATE	ITEM		DATE	ITEM	DATE
Y4		Y5	Y4		Y5	Y4	Y5
ID Prefix Reg. # LSC	F0580 483.10(g)(14)(i)-( 	iv)(15) Completed 10/30/2020	ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(iii)	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
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	 Correction Completed
REVIEWE STATE AG REVIEWE CMS RO		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) OMPLETED ON		SIGNATURE OF TITLE	TED DEFICIENCIES		
10/9/2020			UNC	ORRECTED DEFICIENCIE	ES (CMS-2567) SEN	T TO THE FACILITY	в 🗌 но