## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT			
IDENTIFICATION NUMBER	A. Building					
345006 <sub>Y1</sub>	B. Wing	Y2	8/11/2021	Y3		
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE				
BLUMENTHAL NURSING & REHA	BILITATION CENTER	3724 WIRELESS DRIVE				
		GREENSBORO, NC 27455				

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	M		DATE	ITEM			DATE	ITEM			DATE
Y4	ļ		Y5	Y4			Y5	Y4			Y5
ID Prefix	F0554		Correction	ID Prefix	F0558		Correction	ID Prefix	F0578		Correction
Reg.#	483.10(c)(7)		Completed	Reg.#	483.10(	e)(3)	Completed	Reg.#	483.10(c)(6)(8)(g)(1 (v)	12)(i)-	Completed
LSC			07/22/2021	LSC			07/22/2021	LSC			07/22/2021
ID Prefix	F0583		Correction	ID Prefix	F0584		Correction	ID Prefix	F0641		Correction
Reg.#	483.10(h)(1)-(3)(i)	)(ii)	Completed	Reg. #	483.10(i	i)(1)-(7)	Completed	Reg. #	483.20(g)		Completed
LSC			07/22/2021	LSC			07/22/2021	LSC			07/22/2021
ID Prefix	F0657		Correction	ID Prefix	F0677		Correction	ID Prefix	F0686		Correction
Reg. #	483.21(b)(2)(i)-(iii)		Completed	Reg. #	483.24(a)(2)		Completed	Reg. #	483.25(b)(1)(i)(ii)		Completed
LSC			07/22/2021	LSC			07/22/2021	LSC			07/22/2021
ID Prefix	F0692		Correction	ID Prefix	F0725		Correction	ID Prefix	F0756		Correction
Reg.#	483.25(g)(1)-(3)		Completed	Reg.#	483.35(	a)(1)(2)	Completed	Reg.#	483.45(c)(1)(2)(4)(5)		Completed
LSC			07/22/2021	LSC			07/22/2021	LSC			07/22/2021
ID Prefix	F0758		Correction	ID Prefix	F0759		Correction	ID Prefix	F0761		Correction
Reg.#	483.45(c)(3)(e)(1)	)-(5)	Completed	483.45(f		f)(1)	Completed	Reg. # 483.45(g)(h)(1)(2)			Completed
LSC			07/22/2021	LSC			07/22/2021	LSC			07/22/2021
REVIEWED BY STATE AGENCY (INITIALS)		DATE		SIGNATURE O	F SURVEYOR	I		DATE			
REVIEWED BY CMS RO (INITIALS)			DATE TITLE		TITLE				DATE		

## **POST-CERTIFICATION REVISIT REPORT**

	R / SUPPLIER / C CATION NUMBER		MULTIPLE CONS A. Building B. Wing	TRUCTION					DATE OF REVISIT  y <sub>2</sub> 8/11/2021 y <sub>3</sub>		
NAME OF		Y1 G & REHA	ABILITATION CEI	NTER		STREET ADDRESS, CIT 3724 WIRELESS DRIVE GREENSBORO, NC 274	Y2	0/11/2021	Y3		
program, corrected provision	to show those of	leficiencie ich correc	es previously repo ctive action was a	orted on the ccomplished	CMS-2567, Stater d. Each deficiency	and/or Clinical Laborato ment of Deficiencies and r should be fully identifie 2567 (prefix codes show	Plan of Correction, ed using either the re	that have begulation or	LSC		
ITE	M		DATE	ITEM		DATE	ITEM		DA	ΤE	
Y4		Y5	Y4		Y5	Y4		Y	5		
ID Prefix	F0812		Correction	ID Prefix	F0814	Correction					
Reg.#	483.60(i)(1)(2)		Completed	Reg.#	483.60(i)(4)	Completed					
LSC			07/22/2021	LSC		07/22/2021					
REVIEWE STATE AG		REVIEW (INITIAL		DATE	SIGNATU	RE OF SURVEYOR			DATE		
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 6/24/2021			_		RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN		DF	YES	] NO		