## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building						
345420 <sub>Y1</sub>	B. Wing	Y2	1/13/2022	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
ALAMANCE HEALTH CARE CENT	ΓER	1987 HILTON ROAD					
		BURLINGTON, NC 27217					

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	1	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0580	Correction	ID Prefix	F0600	Correction	ID Prefix	F0609	Correction
Reg.#	483.10(g)(14)(i)-(iv)(15)	Completed	Reg. #	483.12(a)(1)	Completed	Reg.#	483.12(c)(1)(4)	Completed
LSC		01/13/2022 	LSC		01/13/2022	LSC		01/13/2022
ID Prefix	F0641	Correction	ID Prefix	F0684	Correction	ID Prefix	F0686	Correction
Reg.#	483.20(g)	Completed	Reg. #	483.25	Completed	Reg.#	483.25(b)(1)(i)(ii)	Completed
LSC		01/13/2022	LSC		01/13/2022	LSC		01/13/2022
ID Prefix	F0690	Correction	ID Prefix	F0692	Correction	ID Prefix	F0697	Correction
Reg.#	483.25(e)(1)-(3)	Completed	Reg. #	483.25(g)(1)-(3)	Completed	Reg. #	483.25(k)	Completed
LSC		01/13/2022	LSC		01/13/2022	LSC		01/13/2022
ID Prefix	F0726	Correction	ID Prefix	F0755	Correction	ID Prefix	F0756	Correction
Reg.#	483.35(a)(3)(4)(c)	Completed	Reg. #	483.45(a)(b)(1)-(3)	5(a)(b)(1)-(3)		Completed	
LSC		01/13/2022	LSC		01/13/2022	LSC		01/13/2022
ID Prefix	F0757	Correction	ID Prefix	F0835	Correction	ID Prefix	F0842	Correction
Reg.#	483.45(d)(1)-(6)	Completed	Reg. #	483.70	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-		)- Completed
LSC		01/13/2022 	LSC		01/13/2022	LSC		01/13/2022
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE	OF SURVEYOR		DA	ΓE	
REVIEWE CMS RO	ED BY REVIEW		DATE	TITLE			DA	ΓE

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER  345420  MULTIPLE CONS A. Building B. Wing		STRUCTION					DATE OF REVIS	ΙT		
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	EAOULT)	Y1	g				ITV 07475 7ID 00D5	Y2		Y3
NAME OF FACILITY						ITY, STATE, ZIP CODE				
ALAMANCE HEALTH CARE CENTER				1987 HILTON ROAD BURLINGTON, NC 27217						
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program, corrected provision	to show those of and the date s	deficiencie uch correc	es previously repo ctive action was a	orted on the CMS accomplished. E	S-2567, Stater ach deficiency	ment of Deficiencies a should be fully identi	tory Improvement Ame nd Plan of Correction, fied using either the re own to the left of each	that have l gulation or	LSC	
ITE	М		DATE	ITEM DATE ITEM			DATE	:		
Y4			Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0880		Correction							
ID I ICIIX			- Correction							
Reg.#	483.80(a)(1)(2)(4	4)(e)(t)	Completed							
LSC			01/13/2022							
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REVIEWE	n RV	REVIEW	IED BV	DATE	SIGNATUI	RE OF SURVEYOR			DATE	
STATE AG		(INITIAL		DAIL	SIGNATOR	KE OF SORVETOR			DAIL	
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FOLLOW	JP TO SURVEY C	OMPLETE	D ON	☐ CHECK F	OR ANY UNCO	RRECTED DEFICIENCI	ES. WAS A SUMMARY O	 )F		
12/13/2021				ENCIES (CMS-2567) SE			YES	NO		
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