					IFICATIO	N KEV	1911 K	<u> </u>			
			MULTIPLE CONS					DATE O	F REVISIT		
345070	CATION NUMBER	Y1	A. Building B. Wing						Y2	3/1/202	2 _{Y3}
NAME OF	FACILITY					STREET A	DDRESS, CIT	Y, STATE, ZIF	CODE		
DURHAM NURSING & REHABILITATION CENTER						411 S LASALLE STREET					
					DURHAM, NC 27705						
program corrected provision	to show those d	eficiencie ch correc	es previously repo ctive action was a	orted on the ccomplished	CMS-2567, State d. Each deficienc	ement of Defi by should be	iciencies and fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have er the regulation or of each requireme	r LSC	
ITEM			DATE	ITEM			DATE	ITEM			DATE
Y4			Y5	Y4			Y5	Y4			Y5
ID Prefix	F0600		Correction	ID Prefix	F0711	C	Correction	ID Prefix	F0726		Correction
Reg.#	483.12(a)(1)		Completed	Reg. #	483.30(b)(1)-(3)	С	ompleted	Reg.#	483.35(a)(3)(4)(c)		Completed
LSC			02/03/2022	LSC		02	2/03/2022	LSC			02/03/2022
ID Prefix	F0842		Correction	ID Prefix	F0880	C	Correction	ID Prefix			Correction
Reg.#	483.20(f)(5), 483.	70(i)(1)-	Completed	Reg. #	483.80(a)(1)(2)(4)((e)(f)	ompleted	Reg.#			Completed
LSC			02/03/2022	LSC		02	2/03/2022	LSC			
ID Prefix			Correction	ID Prefix		C	Correction	ID Prefix			Correction
Reg.#			Completed	Reg.#		С	ompleted	Reg.#			Completed
LSC			_	LSC				LSC			
ID Prefix			Correction	ID Prefix		C	Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		C	ompleted	Reg.#			Completed
LSC			_	LSC				LSC			
ID Prefix			Correction	ID Prefix		C	Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		C	ompleted	Reg.#			Completed
LSC			_	LSC				LSC			
REVIEWED BY REVIEWED BY				DATE	SIGNATU	JRE OF SURV	/EYOR	<u> </u>		DATE	

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

(INITIALS)

REVIEWED BY

STATE AGENCY

REVIEWED BY CMS RO

1/14/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

DATE

YES NO

DATE