		POS 1	-CERI	IFICATIO	N KEVISII F	KEPORI			
	R / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION						DATE O	F REVISIT
IDENTIFICATION NUMBER		A. Building						3/1/202	2
345004 _{Y1} B. Wing		1 B. Wing	1				Y2	3/1/202	Z Y3
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
PERSON MEMORIAL HOSPITAL					615 RIDGE ROAD				
					ROXBORO, NC 27573				
program, corrected provision	ort is completed by a qua to show those deficience and the date such corre number and the identifie ey report form).	ies previously repective action was	orted on the accomplishe	CMS-2567, State d. Each deficiency	ment of Deficiencies a y should be fully ident	nd Plan of Co fied using eith	rrection, that have er the regulation o	r LSC	
ITEM		DATE	ITEM		DATE	ITEM	ITEM DAT		DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0584	Correction	ID Prefix	F0761	Correction	ID Prefix	F0812		Correction
	483.10(i)(1)-(7)			483.45(g)(h)(1)(2)			483.60(i)(1)(2)		
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed
LSC		02/11/2022	LSC		02/11/2022	LSC			02/11/2022
ID Prefix	F0880	Correction	ID Prefix	F0908	Correction	ID Prefix			Correction
ID I Ielix		— Correction	ID I ICIL		———— Correction	ID I Tellx			Correction
Reg.#	483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	483.90(d)(2)	Completed	Reg. #			Completed
LSC		02/11/2022	LSC		02/11/2022	LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
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Reg.#		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			
ID Profix			ID Profix		- "	ID Profix			
III Drotiv		Correction	I II I Drotiv		Correction	I III Drotiv			Correction

REVIEWED BY DATE SIGNATURE OF SURVEYOR **REVIEWED BY** DATE STATE AGENCY (INITIALS) DATE TITLE DATE REVIEWED BY **REVIEWED BY** CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 1/7/2022 YES NO

Completed

Reg. #

LSC

Completed

Reg.#

LSC

Reg.#

LSC

Completed