POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / | MULTIPLE CONSTRUCTION | | DATE OF REVISIT | | | | | |
|------------------------------|--------------------------|---------------------------------------|-----------------|----|--|--|--|--|
| IDENTIFICATION NUMBER | A. Building | | | | | | | |
| 345146 _{Y1} | B. Wing | Y2 | 4/5/2022 | Y3 | | | | |
| NAME OF FACILITY | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| BETHANY WOODS NURSING AN | ID REHABILITATION CENTER | 33426 OLD SALISBURY ROAD BOX 1250 | | | | | | |
| | | ALBEMARLE, NC 28002 | | | | | | |

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 | | Y5 | Y4 | | Y5 | Y4 | | Y5 |
| ID Prefix | F0550 | Correction | ID Prefix | F0561 | Correction | ID Prefix | F0565 | Correction |
| Reg.# | 483.10(a)(1)(2)(b)(1 |)(2) Completed | Reg. # | 483.10(f)(1)-(3)(8) | Completed | Reg.# | 483.10(f)(5)(i)-(iv)(6)(| 7) Completed |
| LSC | | 03/03/2022 | LSC | | 03/03/2022 | LSC | | 03/03/2022 |
| ID Prefix | F0584 | Correction | ID Prefix | F0585 | Correction | ID Prefix | F0609 | Correction |
| Reg.# | 483.10(i)(1)-(7) | Completed | Reg. # | 483.10(j)(1)-(4) | Completed | Reg.# | 483.12(c)(1)(4) | Completed |
| LSC | | 03/03/2022 | LSC | | 03/03/2022 | LSC | | 03/03/2022 |
| ID Prefix | F0641 | Correction | ID Prefix | F0656 | Correction | ID Prefix | F0657 | Correction |
| Reg. # | 483.20(g) | Completed | Reg. # | 483.21(b)(1) | Completed | Reg. # | 483.21(b)(2)(i)-(iii) | Completed |
| LSC | | 03/03/2022 | LSC | | 03/03/2022 | LSC | | 03/03/2022 |
| ID Prefix | F0658 | Correction | ID Prefix | F0677 | Correction | ID Prefix | F0684 | Correction |
| Reg.# | 483.21(b)(3)(i) | Completed | Reg. # | 483.24(a)(2) | Completed | | 483.25 | Completed |
| LSC | | 03/03/2022 | LSC | | 03/03/2022 | - ' | | 03/03/2022 |
| ID Prefix | F0686 | Correction | ID Prefix | F0689 | Correction | ID Prefix | F0725 | Correction |
| Reg.# | 483.25(b)(1)(i)(ii) | Completed | Reg. # | 483.25(d)(1)(2) | | | 483.35(a)(1)(2) | Completed |
| LSC | | 03/03/2022 | LSC | | 03/03/2022 | LSC | | 03/03/2022 |
| REVIEWED BY STATE AGENCY (INITIALS) | | DATE | SIGNATURE (| OF SURVEYOR | l | D | ATE | |
| REVIEWED BY REVIEWED BY CMS RO (INITIALS) | | DATE | TITLE | | | PATE | | |

POST-CERTIFICATION REVISIT REPORT

| PROVIDE | RUCTION | | | | | | DATE OF REVISIT | | | | | |
|--|-------------------|---------------------------|--|-----------------------------|--------------------|---------------------------------|-----------------------------------|---------------------------------------|------------------------------|---|---------|------------|
| IDENTIFICATION NUMBER 345146 A. Building B. Wing | | | | | | | | | | | 4/5/202 | 2 |
| | | Y1 | D. Willig | | | | | | | Y2 | 4/3/202 | Z Y3 |
| NAME OF FACILITY | | | | | _ | | | FADDRESS, CIT | | | | |
| BETHANY WOODS NURSING AND REHABILITATI | | | | ON CENTE | R | | 33426 OLD SALISBURY ROAD BOX 1250 | | | | | |
| | | | | | | | ALBEM | ARLE, NC 28002 | | | | |
| program, corrected provision | to show those of | leficiencie ich correc | s previously repo tive action was a | orted on the ccomplished | CMS-250 d. Each | 67, Statem deficiency | nent of D should I | eficiencies and be fully identifie | I Plan of Cored using either | ent Amendments rection, that have er the regulation o of each requirem | r LSC | |
| ITEI | M | | DATE | ITEM | ITEM | | | DATE ITEM | | | | DATE |
| Y4 | | | Y5 | Y4 | | | Y5 | | Y4 | | | Y5 |
| | | | | 1 | | | | | | | | |
| ID Prefix | F0756 | | Correction | ID Prefix | F0757 | | | Correction | ID Prefix | F0758 | | Correction |
| | 483.45(c)(1)(2)(4 |)(5) | _ | | 483.45(d |)(1)-(6) | | | | 483.45(c)(3)(e)(1)- | (5) | |
| Reg. # | | | Completed | Reg. # | | | | Completed | Reg. # | | | Completed |
| LSC | | | 03/03/2022 | LSC | | | | 03/03/2022 | LSC | | | 03/03/2022 |
| | | | | | | | | | | | | |
| ID Prefix | F0835 | | Correction | ID Prefix | F0947 | | | Correction | | | | |
| | 483.70 | | _ | | 483.95(g | 1)(1)-(4) | | | | | | |
| Reg. # | | | Completed | Reg. # | | .,,,,, | | Completed | | | | |
| LSC | | | 03/03/2022 | LSC | | | | 03/03/2022 | | | | |
| | | | | | | | | | | | | |
| REVIEWE | D BY | REVIEW | FD BY | DATE | Ī | SIGNATUR | RE OE SU | RVFYOR | | | DATE | |
| STATE AG | | (INITIAL | | DATE | | SIGNATUR | OF 3U | VL I OK | | | DAIE | |
| REVIEWE CMS RO | D BY | REVIEW (INITIAL | | DATE | | TITLE | | | | | DATE | |
| FOLLOWUP TO SURVEY COMPLETED ON 2/3/2022 | | | | | | D DEFICIENCIES CMS-2567) SEN | | | YES | в 🔲 по | | |
| - ONO OFFIT (62/20) | | | | | · | | | | E) (E) IT ID | 000040 | | |