**Post-Certification Revisit Report**

**Name of Facility:** Warren Hills Nursing Center  
**Address:** 864 US HWY 158 BUSINESS WEST, WARRENTON, NC 27589  
**Date of Revisit:** 6/2/2022

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).

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**Review by State Agency:**  
**Review by CMS RO:**  
**Follow-up to Survey Completed On:** 4/8/2022  
**Check for Any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?**  
**Signature of Surveyor:**

Form CMS - 2567B (09/92) EF (11/06)  
Page 1 of 1  
Event ID: 3GFX12