POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345185 _{Y1}	B. Wing	Y2	7/6/2022	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
PREMIER LIVING AND REHAB CENTER		106 CAMERON STREET		
		LAKE WACCAMAW, NC 28450		

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	м	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	F0689 483.25(d)(1)(2)	Correction Completed 05/20/2022	ID Prefix Reg. # LSC	F0695 483.25(i)	Correction Completed 05/20/2022	ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)		Correction Completed 05/20/2022
ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed 05/20/2022	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
REVIEWE STATE AG		REVIEWED BY (INITIALS) REVIEWED BY	DATE	SIGNATURE	OF SURVEYOR			DATE	
REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 5/12/2022 Form CMS - 2567B (09/92) EF (11/06)				CK FOR ANY UNCORR DRRECTED DEFICIEN Page 1 of 1				TRG512	