POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345370 _{Y1}	B. Wing	Y2	8/1/2022	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
PINEHURST HEALTHCARE & REI	HABILITATION CENTER	300 BLAKE BOULEVARD						
		PINEHURST, NC 28374						

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	ЕM	DATE	ITEM		DATE	ITEM			DATE
Y4	1	Y5	Y4		Y5	Y4			Y5
ID Prefix	F0554	Correction	ID Prefix	F0636	Correction	ID Prefix	F0637		Correction
Reg.#	483.10(c)(7)	Completed	Reg. #	483.20(b)(1)(2)(i)(iii)	Completed	Reg. #	483.20(b)(2)(ii)		Completed
LSC		06/27/2022	LSC		06/27/2022	LSC			06/27/2022
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		06/27/2022	LSC		06/27/2022	LSC			- 06/27/2022 -
ID Prefix	F0658	Correction	ID Prefix	F0677	Correction	ID Prefix	F0686		Correction
Reg. #	483.21(b)(3)(i)	Completed	Reg. #	483.24(a)(2)	Completed	Reg. #	483.25(b)(1)(i)(ii)		Completed
LSC		06/27/2022	LSC		06/27/2022	LSC			06/27/2022
ID Prefix	F0689	Correction	ID Prefix	F0692	Correction	ID Prefix	F0695		Correction
Reg.#	483.25(d)(1)(2)	Completed	Reg. #	483.25(g)(1)-(3)	Completed	Reg.#	483.25(i)		Completed
LSC		06/27/2022	LSC		06/27/2022	LSC			06/27/2022
ID Prefix	F0698	Correction	ID Prefix	F0726	Correction	ID Prefix	F0756		Correction
Reg.#	483.25(I)	Completed	Reg. #	483.35(a)(3)(4)(c)	Completed	Reg.#	483.45(c)(1)(2)(4)(5	5)	Completed
LSC		06/27/2022	LSC		06/27/2022	LSC			06/27/2022
REVIEWE STATE AC		REVIEWED BY (INITIALS)	DATE	SIGNATURE O	F SURVEYOR			DATE	
REVIEWE CMS RO	ED BY	REVIEWED BY (INITIALS)	DATE	TITLE				DATE	

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS IDENTIFICATION NUMBER A. Building			STRUCTION						DATE OF REV	/ISIT	
345370		Y1	B. Wing						Y2	8/1/2022	Y3
NAME OF FACILITY PINEHURST HEALTHCARE & REHABILITATION CENTER						STREET ADDRE	ESS, CITY,	STATE, ZIP CODE			
				CENTER		300 BLAKE BOL					
						PINEHURST, NO	C 28374				
program, corrected provision the surve	to show those of and the date su number and the y report form).	eficiencie ch correc	es previously rep tive action was a tion prefix code	orted on the accomplished previously sl	CMS-2567, State d. Each deficienc	ement of Deficienc by should be fully 3-2567 (prefix cod	cies and F identified des showr	Improvement Ame Plan of Correction, using either the re to the left of each	that have legulation or	LSC	
ITEM DATE			ITEM		DATE		ITEM		DA		
Y4			Y5	Y4		Y	5	Y4		Y	75
ID Prefix	F0758		Correction	ID Prefix	F0947	Correc	ction				
Reg.#	483.45(c)(3)(e)(1)-(5)	- Completed	Reg. #	483.95(g)(1)-(4)	Comp	leted				
			- 06/27/2022			 06/27/2					
LSC				LSC			2022	_			
REVIEWE STATE AG		REVIEW (INITIAL		DATE	SIGNATU	JRE OF SURVEYOR	R			DATE	
		,	•								
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE	TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON							WAS A SUMMARY (TO THE FACILITY?	DF		٦	
5/26/2022							, ==117			L YES L	NO