POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT			
IDENTIFICATION NUMBER	A. Building					
345561 _{Y1}	B. Wing	Y2	8/4/2022	Y3		
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE				
UNIVERSAL HEALTH CARE/FUQ	UAY-VARINA	410 S JUDD PARKWAY SE				
		FUQUAY VARINA, NC 27526				

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	1	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0554	Correction	ID Prefix	F0561	Correction	ID Prefix	F0578	Correction
Reg.#	483.10(c)(7) Completed		Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg.#	483.10(c)(6)(8)(g)(12) (v)	Completed
LSC		07/15/2022	LSC		07/15/2022	LSC		07/15/2022
ID Prefix	F0582	Correction	ID Prefix	F0583	Correction	ID Prefix	F0623	Correction
Reg.#	483.10(g)(17)(18)	(i)-(v) Completed	Reg. #	483.10(h)(1)-(3)(i)(ii)	Completed	Reg.#	483.15(c)(3)-(6)(8)	Completed
LSC		07/15/2022	LSC		07/15/2022	LSC		07/15/2022
ID Prefix	F0640	Correction	ID Prefix	F0641	Correction	ID Prefix	F0644	Correction
	483.20(f)(1)-(4)			483.20(g)			483.20(e)(1)(2)	
Reg. # LSC		Ompleted 07/15/2022	Reg. # LSC		Completed 07/15/2022	Reg. # LSC		Completed 07/15/2022
ID Prefix	F0655	Correction	ID Prefix	F0657	Correction	ID Prefix	F0661	Correction
Reg.#	483.21(a)(1)-(3)	Completed	Reg. #	483.21(b)(2)(i)-(iii)	Completed	Reg.#	483.21(c)(2)(i)-(iv)	Completed
LSC		07/15/2022	LSC		07/15/2022	LSC		07/15/2022
ID Prefix	F0677	Correction	ID Prefix	F0686	Correction	ID Prefix	F0688	Correction
Reg.#	483.24(a)(2)	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Completed Reg. #		Completed
LSC		07/15/2022	LSC		07/15/2022	07/15/2022 LSC		07/15/2022
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATUR	E OF SURVEYOR	<u> </u>	D	ATE	
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE		D	ATE	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building B. Wing B. Wing						Y2	DATE OF REVISIT 8/4/2022 _{Y3}					
NAME OF FACILITY UNIVERSAL HEALTH CARE/FUQUAY-VARINA							STREET ADDRESS, CITY, STATE, ZIP CODE 410 S JUDD PARKWAY SE FUQUAY VARINA, NC 27526					
program, corrected provision	to show those d and the date su	eficiencies ch correct	s previously repo tive action was a	orted on the ccomplished	CMS-25 d. Each	667, Statem deficiency	nent of should	Deficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have er the regulation of of each requireme	LSC	
ITE	И		DATE	ITEM			DATE ITEM					DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix Reg.#	F0689 483.25(d)(1)(2)		Correction Completed	ID Prefix	F0690 483.25(e	e)(1)-(3)		Correction - Completed	ID Prefix Reg. #	F0725 483.35(a)(1)(2)		Correction Completed
LSC			07/15/2022	LSC				07/15/2022	LSC			07/15/2022
ID Prefix	F0727		Correction	ID Prefix	F0812			Correction	ID Prefix	F0814		Correction
Reg.#	483.35(b)(1)-(3)		Completed	483.60(i)(1)(2)			Completed	483.60(i)(4) Reg. #			Completed	
LSC		07/15/2022 LSC				07/15/2022	LSC			07/15/2022		
ID Prefix Reg. # LSC	F0838 483.70(e)(1)-(3)		Correction Completed 07/15/2022	ID Prefix Reg. # LSC	F0842 483.20(1 (5)	f)(5), 483.70	(i)(1)-	Correction Completed 07/15/2022	ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)		Correction Completed 07/15/2022
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)(e)(f)	Correction Completed 07/15/2022	ID Prefix Reg. # LSC	F0947 483.95(g)(1)-(4)		Correction Completed 07/15/2022	_			
REVIEWE		REVIEW		DATE		SIGNATUR	RE OF S	URVEYOR			DATE	
REVIEWE CMS RO		REVIEW (INITIALS	ED BY	DATE TITLE		TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/17/2022			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?							s 🔲 no		