## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345415 <sub>Y1</sub>	B. Wing	Y2	9/13/2022	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
PINEVILLE REHABILITATION ANI	D LIVING CTR	1010 LAKEVIEW DRIVE						
		PINEVILLE, NC 28134						

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	F0558	Correction	ID Prefix	F0561	Correction
Reg. #	483.10(a)(1)(2)(b)(	(1)(2) Completed	Reg. #	483.10(e)(3)	Completed	Reg.#	483.10(f)(1)-(3)(8)	Completed
LSC		08/21/2022	LSC		08/21/2022	LSC		08/21/2022
ID Prefix	F0580	Correction	ID Prefix	F0585	Correction	ID Prefix	F0622	Correction
Reg. #	483.10(g)(14)(i)-(iv	()(15) Completed	Reg. #	483.10(j)(1)-(4)	Completed	Reg.#	483.15(c)(1)(i)(ii)(2)(i)	(iii) Completed
LSC		08/21/2022	LSC		08/21/2022	LSC		08/21/2022
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ID Prefix	F0641	Correction	ID Prefix	F0677	Correction	ID Prefix	F0684	Correction
Reg.#	483.20(g)	Completed	Reg. #	483.24(a)(2)	Completed	Reg. #	483.25	Completed
LSC		08/21/2022	LSC		08/21/2022	LSC		08/21/2022
ID Prefix	F0686	Correction	ID Prefix	F0687	Correction	ID Prefix	F0692	Correction
Reg.#	483.25(b)(1)(i)(ii)	Completed	Reg.#	483.25(b)(2)(i)(ii)	Completed	Reg. #	483.25(g)(1)-(3)	Completed
LSC		08/21/2022	LSC		08/21/2022	LSC		08/21/2022
ID Prefix	F0695	Correction	ID Prefix	F0759	Correction	ID Prefix	F0761	Correction
Reg.#	483.25(i)	Completed	Reg. #	483.45(f)(1)	f)(1) Completed		483.45(g)(h)(1)(2)	Completed
LSC		08/21/2022	LSC		08/21/2022	LSC		08/21/2022
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE C	OF SURVEYOR	<u> </u>	D	ATE	
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE				

## POST-CERTIFICATION REVISIT REPORT

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PROVIDEI IDENTIFIC 345415			·	MULTIPLE CONS A. Building B. Wing							DATE OF REVISIT  9/13/2022  y3		
NAME OF			11	LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE					P CODE	9/13/20	22 Y3	
program, corrected	to show to and the onumber a	hose d date su and the	eficiencies ch correct	s previously repo tive action was a	orted on the accomplishe	CMS-2567, Sta d. Each deficier	d and/or of tement of ncy should	Deficiencies and be fully identifie	l Plan of Cor ed using eithe	ent Amendments rection, that have er the regulation o of each requirem	r LSC		
ITE	И			DATE	ITEM			DATE	ITEM			DATE	
Y4				Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0804			Correction	ID Prefix	F0842		Correction	ID Prefix	F0880		Correction	
Reg.#	483.60(d)	(1)(2)		Completed	Reg. #	483.20(f)(5), 483	.70(i)(1)-	Completed	Reg.#	483.80(a)(1)(2)(4)(	e)(f)	Completed	
LSC				- 08/21/2022 -	LSC	(5)		08/21/2022	LSC			08/21/2022	
ID Prefix Reg. # LSC	F0925 483.90(i)(	4)		Correction  Completed  08/21/2022									
REVIEWE			REVIEW (INITIALS		DATE	SIGNAT	TURE OF S	SURVEYOR			DATE		
REVIEWE CMS RO	D BY		REVIEW (INITIAL:		DATE	TITLE					DATE		
<b>FOLLOW</b> L 7/29/2022		RVEY C	OMPLETE	OON				ED DEFICIENCIES S (CMS-2567) SEN			YES	s 🔲 NO	
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