			POST	-CERT	IFICATIO	N REVISI	T RE	PORT			
IDENTIFICATION NUMBER			MULTIPLE CONSTRUCTION A. Building B. Wing							DATE C	F REVISIT
		Y1	B. Willig			T			Y2	11/2/20	Y3
NAME OF		TON		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE					CODE		
HARBORVIEW LUMBERTON						LUMBERTON, NC 28358					
program, corrected provision	to show those d and the date su	eficiencie ch correc	es previously repositive action was a	orted on the accomplishe	edicare, Medicaid and CMS-2567, Stater d. Each deficiency hown on the CMS-	nent of Deficien should be fully	cies and identified	Plan of Cor d using eithe	rection, that have er the regulation or	r LSC	
ITEM			DATE	ITEM		DATE ITEM					DATE
Y4		Y5	Y4	Y4		5	Y4			Y5	
ID Prefix	F0688		Correction	ID Prefix	F0689	Corre	ction	ID Prefix	F0755		Correction
Reg. #	483.25(c)(1)-(3)		Completed	Reg.#	483.25(d)(1)(2)	Comp	leted	Reg.#	483.45(a)(b)(1)-(3)		Completed
LSC			- ' 10/24/2022	LSC		 10/24/2	2022	LSC			. ' 10/24/2022
			_					_			-
ID Prefix	F0760		Correction	ID Prefix	F0761	Corre	ction	ID Prefix	F0867		Correction
Reg. #	483.45(f)(2)		Completed	Reg. #	483.45(g)(h)(1)(2)	Comp	leted	Reg. #	483.75(g)(2)(ii)		Completed
LSC			10/24/2022	LSC		10/24/2	2022	LSC			10/24/2022
ID Prefix			Correction	ID Prefix		Corre	ction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Comp	leted	Reg.#			Completed
LSC			- -	LSC				LSC			-
ID Prefix			Correction	ID Prefix		Corre	ction	ID Prefix			Correction
Reg. #		Completed	Reg. #		Completed		Reg.#	keg.#		Completed	
LSC			LSC				LSC			-	
ID Prefix			Correction	ID Prefix	_	Corre		ID Prefix			Correction
Reg. #		Completed	Reg. #		Comp	leted	Reg. #			Completed	
LSC			_	LSC				LSC			
REVIEWED BY REVIEWEI (INITIALS)				DATE SIGNATURE OF SURVEYOR						DATE	

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

DATE

REVIEWED BY

CMS RO

9/29/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

YES NO

DATE