09/21/2022

Correction

Completed

09/21/2022

Correction

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F0867

483.75(g)(2)(ii)

| POST-CERTIFICATION REVISIT REPORT | | | | | | | | | |
|--|---------------------------|-----------------------|-----------|--------------------|------------|---------------------|-----------------------------|------------|--------|
| PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION | | | | | | | DATE OF REVISIT | | |
| IDENTIFICATION NUMBER A. Building | | | | | | | | | |
| 345246 | Y1 | B. Wing | | | | | Y2 | 11/16/2022 | Y3 |
| NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | |
| HICKORY FALLS HEALTH AND REHABILITATION 100 SUNSET STREET | | | | | | | | | |
| GRANITE FALLS, NC 28630 | | | | | | | | | |
| 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). | | | | | | | | | |
| ITEM | | DATE | ITEM | | DATE | ITEM | | DAT | ſΕ |
| Y4 | | Y5 | Y4 | | Y5 | Y4 | | Y | 5 |
| ID Prefix | F0607 483.12(b)(1)-(3) | Correction Completed | ID Prefix | F0641 483.20(g) | Correction | ID Prefix Reg. # | F0761 483.45(g)(h)(1)(2) | | ection |

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