## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345513 <sub>Y1</sub>	B. Wing	Y2	12/1/2022	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
TOWER NURSING AND REHABII	LITATION CENTER	3609 BOND STREET						
		RALEIGH, NC 27604						

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).

ITEM		DATE	ITEM		DATE	ITEM		DATE
Y4	ļ 	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0558	Correction	ID Prefix	F0578	Correction
Reg.#	483.10(a)(1)(2)(b)(1)(	2) Completed	Reg. #	483.10(e)(3)	Completed	Reg.#	483.10(c)(6)(8)(g)(12 (v)	)(i)- Completed
LSC		11/23/2022	LSC		11/23/2022	LSC		11/23/2022
ID Prefix	F0600	Correction	ID Prefix	F0610	Correction	ID Prefix	F0656	Correction
Reg.#	483.12(a)(1)	Completed	Reg. #	483.12(c)(2)-(4)	Completed	Reg.#	483.21(b)(1)	Completed
LSC		11/23/2022	LSC		11/23/2022	LSC		11/23/2022
ID Prefix	F0657	Correction	ID Prefix	F0661	Correction	ID Prefix	F0677	Correction
Reg. #	483.21(b)(2)(i)-(iii)	Completed	Reg. #	483.21(c)(2)(i)-(iv)	Completed	Reg. #	483.24(a)(2)	Completed
LSC		11/23/2022	LSC		11/23/2022	LSC		11/23/2022
ID Prefix	F0684	Correction	ID Prefix	F0686	Correction	ID Prefix	F0689	Correction
Reg.#	483.25	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg.#	483.25(d)(1)(2)	Completed
LSC		11/23/2022	LSC		11/23/2022	LSC		11/23/2022
ID Prefix	F0690	Correction	ID Prefix	F0725	Correction	ID Prefix	F0755	Correction
Reg.#	483.25(e)(1)-(3)	Completed	Reg. #	483.35(a)(1)(2)	Completed	Reg. #	483.45(a)(b)(1)-(3)	Completed
LSC		11/23/2022	LSC		11/23/2022	LSC		11/23/2022
REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATURE (	OF SURVEYOR	l	C	DATE
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE				DATE

## **POST-CERTIFICATION REVISIT REPORT**

					<u> </u>							
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building B. Wing  NAME OF FACILITY  TOWER NURSING AND REHABILITATION CENTER										DATE OF REVISIT  12/1/2022 <sub>Y3</sub>		
					ER		STREET ADDRESS, C 3609 BOND STREET RALEIGH, NC 27604	12/1/2022	- Y3			
program, corrected	to show to and the onumber a	hose d date su and the	eficiencie ch correc	es previously repo ctive action was a	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	and/or Clinical Labora nent of Deficiencies a should be fully identi 2567 (prefix codes sh	nd Plan of Co fied using eith	rrection, that have er the regulation o	r LSC		
ITEM DA			DATE	ITEM		DATE	ITEM			DATE		
Y4				Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0758			Correction	ID Prefix	F0761	Correction	ID Prefix	F0791		Correction	
Reg.#	483.45(c)	(3)(e)(1	)-(5)	Completed	Reg. #	483.45(g)(h)(1)(2)	Completed	Reg. #	483.55(b)(1)-(5)	(	Completed	
LSC				 11/23/2022 	LSC		11/23/2022	LSC			11/23/2022	
ID Prefix Reg. # LSC	F0812 483.60(i)(	1)(2)		Correction  Completed  11/23/2022								
REVIEWEI STATE AG			REVIEW (INITIAL		DATE	SIGNATUF	RE OF SURVEYOR			DATE		
REVIEWE	D BY		REVIEW		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 10/15/2022					RRECTED DEFICIENCI ENCIES (CMS-2567) SE			☐ YES	□ NO			