

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345513	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/1/2022	Y3
NAME OF FACILITY TOWER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE 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)(i)-(v)	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE		DATE

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345513	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/1/2022	Y3
NAME OF FACILITY TOWER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE 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 F0812	Correction				
Reg. # 483.60(i)(1)(2)	Completed				
LSC	11/23/2022				

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/15/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		