POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / | MULTIPLE CONSTRUCTION | | DATE OF REVISIT | | | | | |
|------------------------------|-----------------------|---------------------------------------|-----------------|----|--|--|--|--|
| IDENTIFICATION NUMBER | A. Building | | | | | | | |
| 345534 _{Y1} | B. Wing | Y2 | 1/4/2023 | Y3 | | | | |
| NAME OF FACILITY | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| SANFORD HEALTH & REHABILIT | ATION CO | 2702 FARRELL ROAD | | | | | | |
| | | SANFORD, NC 27330 | | | | | | |

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 | ITEM | | DATE | ITEM | | DATE | |
|-------------------------------------|---------------------|-----------------|-------------------|---------------------|-------------|-----------|-----------------------|------------|--|
| | | Y5 | Y4 | | Y5 | Y4 | | Y5 | |
| ID Prefix | F0550 | Correction | ID Prefix | F0561 | Correction | ID Prefix | F0637 | Correction | |
| Reg.# | 483.10(a)(1)(2)(b)(| 1)(2) Completed | Reg. # | 483.10(f)(1)-(3)(8) | Completed | Reg. # | 483.20(b)(2)(ii) | Complete | |
| LSC | | 12/30/2022 | LSC | | 12/30/2022 | LSC | | 12/30/2022 | |
| ID Prefix | F0658 | Correction | ID Prefix | F0677 | Correction | ID Prefix | F0686 | Correction | |
| Reg.# | 483.21(b)(3)(i) | Completed | Reg. # | 483.24(a)(2) | Completed | Reg. # | 483.25(b)(1)(i)(ii) | Complete | |
| LSC | | 12/30/2022 | LSC | | 12/30/2022 | LSC | | 12/30/2022 | |
| ID Prefix | F0688 | Correction | ID Prefix | F0689 | Correction | ID Prefix | F0690 | Correction | |
| Reg. # | 483.25(c)(1)-(3) | Completed | Reg. # | 483.25(d)(1)(2) | Completed | Reg. # | 483.25(e)(1)-(3) | Complete | |
| LSC | | 12/30/2022 | LSC | | 12/30/2022 | | | 12/30/2022 | |
| ID Prefix | F0692 | Correction | ID Prefix | F0695 | Correction | ID Prefix | F0697 | Correction | |
| Reg.# | 483.25(g)(1)-(3) | Completed | Reg. # | 483.25(i) | Completed | Reg. # | 483.25(k) | Complete | |
| LSC | | 12/30/2022 | LSC | | 12/30/2022 | LSC | | 12/30/2022 | |
| ID Prefix | F0698 | Correction | ID Prefix | F0744 | Correction | ID Prefix | F0756 | Correction | |
| Reg.# | 483.25(I) Completed | | Reg. # | 483.40(b)(3) |) Completed | | 483.45(c)(1)(2)(4)(5) | Complete | |
| LSC | | 12/30/2022 | LSC | | 12/30/2022 | LSC | | 12/30/2022 | |
| REVIEWED BY STATE AGENCY (INITIALS) | | | DATE SIGNATURE OF | | OF SURVEYOR | BURVEYOR | | | |
| REVIEWED BY CMS RO (INITIALS) | | | DATE | TITLE | | | | | |

POST-CERTIFICATION REVISIT REPORT

| | R / SUPPLIER / C | | MULTIPLE CONS A. Building | TRUCTION | 11 107 | | • IXE | VIOIT IXE | <u> </u> | | | REVISIT |
|---|-----------------------|---------------------------|--|-----------------------------|--|------------------------|----------------------------------|--|------------------------------|---|-----------|-----------------|
| 345534 NAME OF | FACILITY | Y1 | B. Wing | | | | STREE | T ADDRESS, CIT | Y, STATE, ZIF | Y2 CODE | 1/4/2023 | 3 _{Y3} |
| SANFORD HEALTH & REHABILITATION CO | | | | | 2702 FARRELL ROAD SANFORD, NC 27330 | | | | | | | |
| program, corrected provision | to show those of | deficiencie uch correc | es previously repo ctive action was a | orted on the ccomplished | CMS-2567 d. Each de | 7, Statem eficiency | nent of D should | Deficiencies and be fully identifie | Plan of Cor d using eithe | ent Amendments rection, that have er the regulation or of each requireme | LSC | |
| ITEN | M | | DATE | ITEM | | | | DATE | ITEM | | | DATE |
| Y4 | | | Y5 | Y4 | | | | Y5 | Y4 | | | Y5 |
| ID Prefix | F0757 | | Correction | ID Prefix | F0759 | | | Correction | ID Prefix | F0761 | | Correction |
| Reg. # LSC | | | Completed 12/30/2022 | Reg. # 483.45(f)(1) LSC | | Completed 12/30/2022 | Reg. # LSC | 483.45(g)(h)(1)(2) | | Completed 12/30/2022 | | |
| | | | | | | | | | | | | |
| ID Prefix | ix <u>F0867</u> | | Correction | ID Prefix | F0880 | | | Correction | ID Prefix | F0883 | | Correction |
| Reg. # | 483.75(g)(2)(ii) | | Completed | Reg. # 483.80(a)(1)(2)(4)(e | |)(f) | Completed | Reg.# | 483.80(d)(1)(2) | | Completed | |
| LSC | | | 12/30/2022 | LSC | | | | 12/30/2022 | LSC | | | 12/30/2022 |
| ID Prefix | F0887 | | Correction | | | | | | | | | |
| Reg.# | 483.80(d)(3)(i)-(vii) | | Completed | | | | | | | | | |
| LSC | - | | 12/30/2022 | | | | | | | | | |
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| REVIEWED BY STATE AGENCY (INITIALS) | | DATE SIGNATUR | | RE OF SURVEYOR | | | | DATE | | | | |
| REVIEWED BY CMS RO (INITIALS) | | | DATE | DATE TITLE | | | | DATE | | | | |
| FOLLOWUP TO SURVEY COMPLETED ON 12/1/2022 | | | | | | | D DEFICIENCIES (CMS-2567) SEN | | | YES | □ NO | |