					IFICATION	N KEVIƏLI KE	FURI			
PROVIDER				TRUCTION					DATE O	F REVISIT
IDENTIFICATION NUMBER 345490 A. Building B. Wing								Y2	3/8/202	3 _{Y3}
NAME OF	FACILIT	<u> </u>	L			STREET ADDRESS, CIT	Y, STATE, ZIP CO		I.	· · · · · · · · · · · · · · · · · · ·
			IG AND REHABILITATION	CENTER		128 SNOW HILL ROAD				
				AYDEN, NC 28513						
program, corrected	to show and the number	those of date so and the	by a qualified State surveyor deficiencies previously repo uch corrective action was a e identification prefix code p	rted on the	CMS-2567, Staten d. Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Correcti d using either th	ion, that have le regulation o	r LSC	
ITEM			DATE	ITEM		DATE	ITEM		DATE	
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	F0686		Correction	ID Prefix	F0689	Correction	ID Prefix			Correction
Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.25(d)(1)(2)	Completed	Reg. #			Completed
LSC			02/21/2023	LSC		 02/21/2023	LSC —			·
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC —			'
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed
LSC				LSC	-		LSC			
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg.#			Completed
LSC			<u> </u>	LSC		·	LSC			·
				-						
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. # Complete			Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC		·	LSC				
REVIEWED			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWED	D BY		REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/28/2023				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						

1/28/2023