POST-CERTIFICATION REVISIT REPORT														
PROVIDE	R / SUPPLIER /	/ CLI	٨/	MULTIPLE CONSTRUCTION								DATE O	F REVISIT	
	CATION NUMBE	ΞR		A. Building									6/14/2023	
345054			Y1	B. Wing							Y2	0/14/20	Y3	
NAME OF FACILITY								STREET ADDRESS, CITY, STATE, ZIP CODE						
WOODH	ER'S C		1150 PINE RUN DRIVE											
								LUMBERTON, NC 28358						
program, corrected provision	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				Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0625			Correction	ID Prefix	F0637			Correction	ID Prefix	F0657		Correction	
Reg.#	# 483.15(d)(1)(2)			Completed	Reg. #	483.20(b)(2)(ii)		Completed	Reg.#	483.21(b)(2)(i)-(iii)		Completed	
LSC				- ' 06/05/2023	LSC				05/26/2023	LSC			. 05/31/2023	
				_	+				-					
ID Prefix	Prefix F0867			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #	.# 483.75(c)(d)(e)(g)(2)(i)(ii)			Completed	Reg. #				Completed	Reg.#			Completed	
LSC				05/23/2023	LSC				-	LSC				
				-					-	_			•	
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ID Prefix				Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #				Completed	Reg. #				Completed	Reg.#			Completed	
_SC			_	LSC				-	LSC					
										-				
ID Prefix				Correction	ID Prefix				Correction	ID Prefix			Correction	
				-					•					
Reg. #				Completed	Reg. #				Completed	Reg. #			Completed	
LSC				-	LSC				-	LSC				
ID Prefix				Correction	ID Prefix				Correction	ID Prefix			Correction	
				-						_ "				
Reg. #				Completed	Reg. #				Completed	Reg. #			Completed	
LSC			-	LSC				-	LSC					
REVIEWED BY REVIEW				ED BY	DATE		SIGNATUR	E OF SI	JRVEYOR	<u> </u>		DATE		
STATE AGENCY [INITIAL														
REVIEWED BY REVIEW				ED BY	DATE		TITLE					DATE		
				INITIALS)										

5/18/2023

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO