			P051	-CERI	IFIC	AHOI	NKE	VISII RE	=PURI				
				JLTIPLE CONSTRUCTION								DATE OF REVISIT	
IDENTIFICATION NUMBER A. Building B. Wing										Y2	7/6/202	23 <sub>Y3</sub>	
NAME OF	FACILITY		•				STREE	T ADDRESS, CIT	Y, STATE, ZIF	CODE			
BRUNSV	VICK COVE NU	RSING C	ENTER				1478 RI	VER ROAD					
							WINNA	BOW, NC 28479					
program, corrected provision	to show those d and the date su	eficiencie ich correc	fied State survey es previously repo stive action was a stion prefix code (	orted on the ccomplished	CMS-25 d. Each	667, Staten deficiency	nent of D	Deficiencies and be fully identifie	I Plan of Cored using either	rection, that have er the regulation o	e been or LSC		
ITEM			DATE	ITEM				DATE	ITEM			DATE	
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0657		Correction	ID Prefix	F0689			Correction	ID Prefix	F0812		Correction	
Reg.#	483.21(b)(2)(i)-(ii	i)	- Completed	Reg. #	483.25(	d)(1)(2)		Completed	Reg. #	483.60(i)(1)(2)		Completed	
LSC			07/06/2023	LSC				07/06/2023	LSC			07/06/2023	
ID 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			07/06/2023	LSC					LSC			-	
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Dog #			- Completed	Dog #				Completed	Dog #			Completed	
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			· '	
D Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. # (			Completed	Reg. #			Completed	Reg.#			Completed		
LSC			LSC				LSC			-			
REVIEWED BY STATE AGENCY (INITIALS)				DATE		SIGNATURE OF SURVEYOR					DATE		
		REVIEW (INITIAL				TITLE					DATE		
FOLLOWUP TO SURVEY COMPLETED ON				CHE	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF								

5/25/2023

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO