POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345551 _{Y1}	B. Wing	Y2	9/25/2023	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHEALTH-CAROLINA POIN	т	5935 MOUNT SINAI ROAD		
		DURHAM, NC 27705		

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).

ITE	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 08/08/2023	ID Prefix Reg. # LSC	F0655 483.21(a)(1)-(3)	Correction Completed 08/08/2023	ID Prefix Reg. # LSC	F0656 483.21(b)(1)(3)	Correction Completed 08/08/2023
ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2	Correction Completed 08/08/2023	ID Prefix Reg. # LSC	F0867 483.75(c)(d)(e)(g)(2)(i)(ii)	Correction Completed 08/08/2023	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 7/13/2023			SIGNATURE OF S TITLE CK FOR ANY UNCORRECT ORRECTED DEFICIENCIES	ED DEFICIENCIES				