POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT									
IDENTIFICATION NUMBER		A. Building						DATE OF REVIOR	
345137	Y1	B. Wing					Y2	1/11/202	4 _{Y3}
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
THE LO	OGE AT ROCKY MOUNT	HEALTH AND RE	EHABILITAT	ION	3322 VILLAGE ROAD				
					ROCKY MOUNT, NC 27804				
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 Reg. # LSC	F0641 483.20(g)	Correction Completed 12/15/2023	ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(iii)	Correction Completed 12/15/2023	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)		Correction Completed 12/15/2023
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		12/15/2023	LSC			LSC			
ID Prefix	-	Correction Completed	ID Prefix		Correction	ID Prefix			Correction Completed
_					Completed				Completed
LSC	-	_	LSC			LSC	-		
ID Prefix Reg. #		Correction Completed	ID Prefix		Correction Completed	ID Prefix Reg. #			Correction Completed
LSC		_	LSC			LSC			
	<u> </u>								

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON

ID Prefix

Reg. #

LSC

Correction

Completed

Form CMS - 2567B (09/92) EF (11/06)

ID Prefix

Reg. #

12/13/2023

LSC

ID Prefix

Reg. #

LSC

Correction

Completed

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

YES NO

Correction

Completed