POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345116 _{Y1}	B. Wing	Y2	1/17/2024	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
PIEDMONT HILLS CENTER FOR	NURSING AND REHAB	109 S HOLDEN RD						
		GREENSBORO, NC 27407						

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	M	DATE	ITEM		DATE	ITEM		DATE
Y4	ļ	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0561	Correction	ID Prefix	F0578	Correction
Reg.#	483.10(a)(1)(2)(b)	(1)(2) Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg. #	483.10(c)(6)(8)(g)(12) (v)	(i)- Completed
LSC		01/04/2024	LSC		01/01/2024	LSC		01/01/2024
ID Prefix	F0580	Correction	ID Prefix	F0582	Correction	ID Prefix	F0584	Correction
Reg. #	483.10(g)(14)(i)-(i	/)(15) Completed	Reg. #	483.10(g)(17)(18)(i)-(v)	Completed	Reg.#	483.10(i)(1)-(7)	Completed
LSC		01/01/2024	LSC		01/01/2024	LSC		01/01/2024
ID Prefix	F0585	Correction	ID Prefix	F0602	Correction	ID Prefix	F0607	Correction
Reg. #	483.10(j)(1)-(4)	Completed	Reg. #	483.12			483.12(b)(1)-(5)(ii)(iii)	Completed
LSC		01/01/2024	LSC		01/01/2024	LSC		01/01/2024
ID Prefix	F0641	Correction	ID Prefix	F0642	Correction	ID Prefix	F0657	Correction
Reg. #	483.20(g)	Completed	Reg. #	483.20(h)-(j)	Completed	Reg. #	483.21(b)(2)(i)-(iii)	Completed
LSC		01/01/2024	LSC		01/01/2024	LSC		01/01/2024
ID Prefix	F0660 483.21(c)(1)(i)-(ix)	Correction	ID Prefix	F0677	Correction			Correction
Reg. #	403.21(0)(1)(1)-(1X)	Completed	Reg. #	483.24(a)(2)	Completed	Reg. # 483.25(e)(1)-(3)		Completed
LSC		01/01/2024	LSC		01/01/2024	LSC		01/01/2024
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE OF	SURVEYOR		D	ATE	
REVIEWED BY CMS RO (INITIALS)		DATE	TITLE	TITLE				

			POST-	-CERT	IFIC	OITA	N RE	VISIT RE	PORT					
IDENTIFIC	R / SUPPLIER / CI CATION NUMBER	_IA /	MULTIPLE CONSTA. Building	FRUCTION								F REVISIT		
345116		Y1	B. Wing							Y2	1/17/20	24 _{Y3}		
NAME OF FACILITY							STREET ADDRESS, CITY, STATE, ZIP CODE							
PIEDMONT HILLS CENTER FOR NURSING AND RE				REHAB										
							GREEN	ISBORO, NC 2740	07					
program, corrected provision	to show those d I and the date su	eficiencie ch correc	s previously repo tive action was a	rted on the ccomplished	CMS-25 d. Each	67, Staten deficiency	nent of [should	Deficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have be er the regulation or of each requireme	LSC			
ITE	М		DATE	ITEM				DATE	ITEM			DATE		
Y4			Y5	Y4				Y5				Y5		
ID Prefix	F0697		Correction	ID Prefix	F0727			Correction	ID Prefix	F0756		Correction		
Reg.#	483.25(k)		Completed	Reg.#	483.35(1	o)(1)-(3)		Completed	Reg.#	483.45(c)(1)(2)(4)(5	5)	Completed		
LSC			01/01/2024	LSC				01/01/2024	LSC			01/01/2024		
ID Prefix	F0758		Correction	ID Prefix	F0761			Correction	ID Prefix	F0791		Correction		
Reg. #	483.45(c)(3)(e)(1)-(5) Comple		Completed	Reg. #	483.45(g)(h)(1)(2)		Completed	Reg. #	483.55(b)(1)-(5)		Completed		
LSC			01/01/2024	LSC				01/01/2024	LSC			01/01/2024		
ID Prefix	F0806		Correction	ID Prefix	F0812			Correction	ID Prefix	F0867		Correction		
Reg. #	g. # 483.60(d)(4)(5)		Completed	Reg. #	483.60(i)(1)(2)		Completed	Reg. #	483.75(c)(d)(e)(g)(2	?)(i)(ii)	Completed		
LSC	01/01/20		01/01/2024	LSC				01/01/2024	LSC			01/01/2024		
ID Prefix	F0883		Correction	ID Prefix	F0914			Correction	ID Prefix	F0944		Correction		
Reg.#	483.80(d)(1)(2)		Completed	Reg.#	483.90(e)(1)(iv)(v)		Completed	Reg. #	483.95(d)		Completed		
LSC			01/01/2024	LSC				01/01/2024	LSC			01/01/2024		
ID Prefix	F0947		Correction											
Reg.#	483.95(g)(1)-(4)		Completed											
LSC			01/01/2024											
REVIEWED BY STATE AGENCY (INITIALS)				DATE		SIGNATUR	RE OF SU	IRVEYOR			DATE			

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

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

REVIEWED BY

CMS RO

12/4/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

TITLE

DATE

YES NO

DATE