POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION	DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building						
345408 _{Y1}	B. Wing	Y2	5/24/2024	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
SOUTHPOINT REHABILITATION A	AND HEALTHCARE CENTER	6000 FAYETTEVILLE ROAD					
		DURHAM, NC 27713					

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	EM	DATE	ITEM		DATE	ITEM		DATE
Y4	1	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0554	Correction	ID Prefix	F0578	Correction	ID Prefix	F0580	Correction
Reg.#	483.10(c)(7)	Completed	Reg. #	483.10(c)(6)(8)(g)(12)(i)- (v)	Completed	Reg. #	483.10(g)(14)(i)-(iv)(1	Completed
LSC		05/24/2024	LSC		05/24/2024	LSC		05/24/2024
ID Prefix	F0585	Correction	ID Prefix	F0600	Correction	ID Prefix	F0609	Correction
Reg.#	483.10(j)(1)-(4)	Completed	Reg.#	483.12(a)(1)	Completed	Reg.#	483.12(b)(5)(i)(A)(B)((1)(4)	Completed
LSC		05/24/2024	LSC		05/24/2024	LSC		05/24/2024
ID Prefix	F0657	Correction	ID Prefix	F0660	Correction	ID Prefix	F0661	Correction
Reg.#	483.21(b)(2)(i)-(iii)	Completed	Reg.#	483.21(c)(1)(i)-(ix)	Completed	Reg. #	483.21(c)(2)(i)-(iv)	Completed
LSC		05/24/2024	LSC		05/24/2024	LSC		05/24/2024
ID Prefix	F0679	Correction	ID Prefix	F0684	Correction	ID Prefix	F0686	Correction
Reg.#	483.24(c)(1)	Completed	Reg.#	483.25	Completed	Reg.#	483.25(b)(1)(i)(ii)	Completed
LSC		05/24/2024	LSC		05/24/2024	LSC		05/24/2024
ID Prefix	F0726	Correction	ID Prefix	F0761	Correction	ID Prefix	F0809	Correction
Reg.#	483.35(a)(3)(4)(c)	Completed	Reg.#	483.45(g)(h)(1)(2)	Completed	Reg. #	483.60(f)(1)-(3)	Completed
LSC		05/24/2024	LSC		05/24/2024	LSC		05/24/2024
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE OF	SURVEYOR	<u> </u>		DATE	
REVIEWE CMS RO	ED BY REVIEWI		DATE	TITLE				DATE

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building 345408 y1 B. Wing						DATE OF REV 5/24/2024					
NAME OF	FACILITY POINT REHABIL	ITATION AND HEALTHC	ARE CENTE	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713				Y2 3/24/2024 Y3	
program, corrected provision	to show those of and the date s	by a qualified State surve deficiencies previously rep uch corrective action was a identification prefix code	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	nent of D	eficiencies and be fully identified	Plan of Correction, th I using either the regu	at have b ulation or	LSC		
ITEM DATE		DATE	ITEM	ITEM		DATE	ITEM		DA	ΓE	
Y4		Y5	Y4			Y5	Y4		Y	5	
ID Prefix	F0812	Correction	ID Prefix	F0867		Correction					
Reg.#	483.60(i)(1)(2)	Completed	Reg. #	483.75(c)(d)(e)(g)(2	!)(i)(ii)	Completed					
LSC		05/24/2024	LSC			05/24/2024					
DEVIEWE	D. B.V.	DEVIEWED DV	DATE	CICNATUE	DE OF SU	DVEVOD			DATE		
STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SU	RVEYOR			DATE		
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE					DATE		
FOLLOW (4/5/2024	JP TO SURVEY O	OMPLETED ON		CK FOR ANY UNCO ORRECTED DEFICI			WAS A SUMMARY OF TO THE FACILITY?		YES	Ои	
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