POST-CERTIFICATION REVISIT REPORT												
	R / SUPPLIER / CI	_IA /	MULTIPLE CONSTRUCTION								DATE O	F REVISIT
IDENTIFICATION NUMBER 345523 A. Building B. Wing											6/18/20	124
345523		Y1	D. Willig				1			Y2	0/10/20	Y3
NAME OF FACILITY						STREET ADDRESS, CITY, STATE, ZIP CODE						
UNIVERSAL HEALTHCARE/RAMSEUR							7166 JORDON ROAD					
							RAMSEUR, NC 27316					
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	F0656		Correction	ID Prefix	F0689			Correction	ID Prefix	F0842		Correction
Reg.#	483.21(b)(1)(3)		Completed	Reg.#	483.25(d)(1)(2)		Completed	Reg.#	483.20(f)(5), 483.70	O(i)(1)-	Completed
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LSC			06/05/2024 -	LSC				06/05/2024	LSC			06/05/2024
ID Prefix	F0867		Correction	ID Prefix				Correction	ID Prefix			Correction
D #	483.75(c)(d)(e)(g)(2)(i)(ii)		0 11 1	D #				0	D #			0 111
Reg. #			Completed	Reg. #				Completed	Reg.#			Completed
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LSC			_	LSC					LSC			
REVIEWED BY REVIEWED BY				DATE		SIGNATUR	RE OF SII	RVEYOR			DATE	
STATE AGENCY [INITIALS]							5. 56					
REVIEWED BY REVIEWED BY				DATE		TITLE					DATE	
REVIEWED BY REVIE				PAIL	DAIE IIILE							

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

CMS RO

5/17/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO