## **POST-CERTIFICATION REVISIT REPORT**

			DATE OF REVISIT		
	A. Building B. Wing	Y2	9/5/2024	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODBURY WELLNESS CENTE	R INC	2778 COUNTRY CLUB DRIVE			
		HAMPSTEAD, NC 28443			

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	F0580 483.10(g)(14)(i)-(iv	Correction //(15) Completed 08/13/2024	ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 08/13/2024	ID Prefix Reg. # LSC	F0684 483.25	Correction Completed 08/13/2024
ID Prefix Reg. # LSC	F0842 483.20(f)(5), 483.7 (5)	Correction '0(i)(1)- Completed 08/13/2024	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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7/24/2024				ORRECTED DEFICIEN	5123 (UNI3-2007) SEN			s 🗌 no