

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345561	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/15/2025	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/FUQUAY-VARINA			STREET ADDRESS, CITY, STATE, ZIP CODE 410 S JUDD PARKWAY SE FUQUAY VARINA, NC 27526		

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0565	Correction	ID Prefix F0578	Correction	ID Prefix F0602	Correction
Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.12	Completed
LSC	01/02/2025	LSC	01/02/2025	LSC	01/02/2025
ID Prefix F0641	Correction	ID Prefix F0656	Correction	ID Prefix F0688	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(c)(1)-(3)	Completed
LSC	01/02/2025	LSC	01/02/2025	LSC	01/02/2025
ID Prefix F0727	Correction	ID Prefix F0745	Correction	ID Prefix F0761	Correction
Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.40(d)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	01/02/2025	LSC	01/02/2025	LSC	01/02/2025
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	01/02/2025	LSC	01/02/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		