		POST	-CERT	IFICATIO	N REVISIT RI	EPORT	•		
	R / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION						DATE OF REVISIT	
345260	CATION NUMBER	A. Building B. Wing					Y2	2/12/2	025 _{Y3}
NAME OF FACILITY					STREET ADDRESS, CIT	TY, STATE, ZI	P CODE		
ROCKY	MOUNT REHABILITATION	ON CENTER			160 S WINSTEAD AVEN	IUE			
					ROCKY MOUNT, NC 27				
program, corrected provision	ort is completed by a qua to show those deficience and the date such corre number and the identifie by report form).	ies previously rep ective action was a	orted on the accomplishe	CMS-2567, State d. Each deficienc	ment of Deficiencies and y should be fully identifie	d Plan of Coled using eith	rrection, that have er the regulation o	r LSC	
ITEM		DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0580	Correction	ID Prefix	F0684	Correction	ID Prefix	F0842		Correction
D #	483.10(g)(14)(i)-(iv)(15)		Don #	483.25	O a manufactural	D #	483.20(f)(5), 483.7	0(h)	
Reg. #		Completed	Reg. #		Completed	Reg. #	(1)-(5)		Completed
LSC		01/29/2025	LSC		01/29/2025	LSC			01/29/2025
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#		Completed	Reg.#		Completed	Reg. #			Completed
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ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed
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ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC		·	LSC			_
			ľ			1			

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON

ID Prefix

Reg.#

LSC

Correction

Completed

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

ID Prefix

Reg. #

1/9/2025

LSC

ID Prefix

Reg.#

LSC

Correction

Completed

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

YES NO

Correction

Completed