

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345549	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/8/2025
NAME OF FACILITY BRUNSWICK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422	

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 F0561	Correction	ID Prefix F0580	Correction	ID Prefix F0584	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(i)(1)-(7)	Completed
LSC	04/04/2025	LSC	04/04/2025	LSC	04/04/2025
ID Prefix F0600	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction
Reg. # 483.12(a)(1)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	04/04/2025	LSC	04/04/2025	LSC	04/04/2025
ID Prefix F0692	Correction	ID Prefix F0725	Correction	ID Prefix F0727	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.35(b)(1)-(3)	Completed
LSC	04/04/2025	LSC	04/04/2025	LSC	04/04/2025
ID Prefix F0756	Correction	ID Prefix F0759	Correction	ID Prefix F0760	Correction
Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(f)(2)	Completed
LSC	04/04/2025	LSC	04/04/2025	LSC	04/04/2025
ID Prefix F0812	Correction	ID Prefix F0825	Correction	ID Prefix F0867	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.65(a)(1)(2)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed
LSC	04/04/2025	LSC	04/04/2025	LSC	04/04/2025
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	

