POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345549 _{Y1}	B. Wing	Y2	4/8/2025	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
BRUNSWICK REHABILITATION A	ND HEALTHCARE CENTER	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		DATE	ITEM			DATE	ITEM			DATE	
Y4			Y5	Y4			Y5	Y4			Y5
ID Prefix	F0561		Correction	ID Prefix	F0580		Correction	ID Prefix	F0584		Correction
Reg. #	483.10(f)(1)-(3)(8) g. #		Completed	Reg. #	483.10(g)(14)(i)-(iv)(15) g. #		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
ID FIElix			Conection			-)(0)		ID FIElix			Conection
Reg. #	483.12(a)(1)		Completed	Reg. #	483.24(a)(z)	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
D "	483.25(g)(1)-(3)		0	483.35(a)(1)(2)		a)(1)(2)	-	5 "	483.35(b)(1)-(3)		0
Reg. #	eg. #		Completed	Reg. #	eg. #		Completed	Reg. #			Completed
LSC			04/04/2025	LSC			04/04/2025	LSC			04/04/2025
ID Prefix	fix F0756 Correction		Correction	ID Prefix F0759		Correction	ID Prefix	F0760		Correction	
Reg. #	483.45(c)(1)(2)(4)(5)		Completed	Reg. #	483.45(f)(1) Reg. #		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		2)(1)(2)	Correction	ID Prefix	F0867 483.75(c)(d)(e)(g)(2)/i)/ii)	Correction		
Reg. #	.# 483.60(i)(1)(2) Completed		Reg. # 483.65(a)(1)(2)		_ Completed	Reg. #		2)(1)(11)	Completed		
LSC			04/04/2025	LSC			04/04/2025	LSC			04/04/2025
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)			DATE		SIGNATURE OF S	URVEYOR	<u> </u>		DATE		
		REVIEWE (INITIALS		DATE		TITLE			DATE		

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

EVENT ID:

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT			
IDENTIFICATION NUMBER	A. Building					
345549 _{Y1}	B. Wing	Y2	4/8/2025	Y3		
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE				
BRUNSWICK REHABILITATION A	ND HEALTHCARE CENTER	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 DATE		DATE	ITEM	DATE	ITEM	DATE
Y4		Y5	Y4	Y5	Y4	Y5
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4	Correction				
REVIEWE STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE		DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/5/2025		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?				