

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY OR SURVEY OPERATIONS GROUP

1. MEDICARE/MEDICAID PROVIDER NO. 345325	(L1)	3. NAME AND ADDRESS OF FACILITY THE CARROLTON OF DUNN 711 SUSAN TART ROAD DUNN, NC 28335	(L3) (L4) (L5)	4. TYPE OF ACTION Other	(L8)
2. STATE VENDOR OR MEDICAID NO. 3435325	(L2)				
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP	(L9)	7. PROVIDER/SUPPLIER CATEGORY	(L7)		
6. DATE OF SURVEY 07/15/2025	(L34)	SNF/NF Dual Certification		9. FISCAL YEAR ENDING DATE	(L35)
8. ACCREDITATION STATUS	(L10)				
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		10. THE FACILITY IS CERTIFIED AS AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS			
12. Total Facility Beds 100 (L18)		<input checked="" type="checkbox"/> A. In Compliance with Program Requirements COMPLIANCE BASED ON: <input checked="" type="checkbox"/> 1- Acceptable POC <div style="border: 1px dashed black; padding: 5px; display: inline-block;"> B. Not in Compliance with Program Requirements and/or Applied Waivers <input type="checkbox"/> NOT IN COMPLIANCE A/B (IF APPLICABLE CODES 1-9) </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 2 - TECHNICAL PERSONNEL <input type="checkbox"/> 3 - 24 HR RN <input type="checkbox"/> 4 - 7-DAY RN (Rural SNF) <input type="checkbox"/> 5 - LIFE SAFETY CODE </div> <div> <input type="checkbox"/> 6 - SCOPE OF SERVICE LIMITED <input type="checkbox"/> 7 - MEDICAL DIRECTOR <input type="checkbox"/> 8 - PATIENT ROOM <input type="checkbox"/> 9 - BEDS PER ROOM </div> </div>			
13. Total Certified Beds 100 (L17)					
14. LTC CERTIFIED BED BREAKDOWN					
18-SNF (L37)	18/19- SNF 100 (L38)	19-SNF (L39)	20- ICF/IID (L42)		
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): Transmit paper revisit survey of 07/15/25. Facility in compliance effective 07/09/25. Event ID# 192Q-H2 Administrator: Alan Wrench (alan.wrench@carroltonhealth.com)					
17. SURVEYOR SIGNATURE Pamela Ciampi		DATE 07/21/2025 (L19)		18. STATE SURVEY AGENCY APPROVAL Tracie Strickland	
				DATE 07/21/2025 (L20)	

PART II- TO BE COMPLETED BY THE CMS SURVEY AND OPERATIONS GROUP LOCATION OR STATE AGENCY

19. DETERMINATION OF ELIGIBILITY (L21) <input checked="" type="checkbox"/> 1-FACILITY IS ELIGIBLE TO PARTICIPATE <input type="checkbox"/> 2-FACILITY IS NOT ELIGIBLE TO PARTICIPATE		20. INITIAL SURVEY DETERMINATION SURVEY #1 SURVEY #2 SURVEY #3 (FINAL ATTEMPT) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
22. EFFECTIVE DATE (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION		
			VOLUNTARY <input type="checkbox"/> 1- MERGER, CLOSURE <input type="checkbox"/> 2- DISSATISFACTION WITH REIMBURSEMENT <input type="checkbox"/> 3- RISK OF INVOLUNTARY TERMINATION <input type="checkbox"/> 4- OTHER REASON FOR WITHDRAWAL INVOLUNTARY <input type="checkbox"/> 5- FAILURE TO MEET HEALTH/SAFETY <input type="checkbox"/> 6- FAILURE TO MEET AGREEMENT OTHER <input type="checkbox"/> 7- PROVIDER STATUS CHANGE <input type="checkbox"/> 00- ACTIVE (L30)		
25. LTC EXTENSION DATE (L27)	27. ALTERNATIVE SANCTIONS A. SUSPENSION OF ADMISSION (L44) B. RESCIND SUSPENSION DATE (L45)				
28. TERMINATION DATE (L28)	29. MAC ID NUMBER (L31)	30. REMARKS			
31. CMS LOCATION OR MAC RECEIPT OF 1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	33. INITIAL CERTIFICATION DETERMINATION REMARKS			