

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

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

1. MEDICARE/MEDICAID PROVIDER NO. 345518 (L1)	3. NAME AND ADDRESS OF FACILITY INN AT QUAIL HAVEN VILLAGE 155 BLAKE BOULEVARD PINEHURST, NC 28374 (L3) (L4) (L5)	4. TYPE OF ACTION (L8) Other
2. STATE VENDOR OR MEDICAID NO. 3405518 (L2)	7. PROVIDER/SUPPLIER CATEGORY (L7) SNF/NF Distinct Part	9. FISCAL YEAR ENDING DATE (L35)
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (L9)		
6. DATE OF SURVEY 07/17/2025 (L34)		
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 ☒ A. In Compliance with Program Requirements COMPLIANCE BASED ON: ☒ 1- Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers ☐ NOT IN COMPLIANCE A/B (IF APPLICABLE CODES 1-9) ☐ 2 - TECHNICAL PERSONNEL ☐ 3 - 24 HR RN ☐ 4 - 7-DAY RN (Rural SNF) ☐ 5 - LIFE SAFETY CODE ☐ 6 - SCOPE OF SERVICE LIMITED ☐ 7 - MEDICAL DIRECTOR ☐ 8 - PATIENT ROOM ☐ 9 - BEDS PER ROOM	
12. Total Facility Beds 60 (L18)	13. Total Certified Beds 35 (L17)	
14. LTC CERTIFIED BED BREAKDOWN 18-SNF (L37) 18/19- SNF 35 (L38) 19-SNF (L39) 20- ICF/IID (L42)		
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): Transmit paper revisit survey of 07/17/25. Facility in compliance effective 07/07/25. Event ID# XPOB-H2. Administrator: Crystal Floyd (cfloyd@libertyseniorliving.com)		
17. SURVEYOR SIGNATURE Michelle Green	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) ☒ 1-FACILITY IS ELIGIBLE TO PARTICIPATE ☐ 2-FACILITY IS NOT ELIGIBLE TO PARTICIPATE		20. INITIAL SURVEY DETERMINATION SURVEY #1 ☐ SURVEY #2 ☐ SURVEY #3 (FINAL ATTEMPT) ☐	
22. EFFECTIVE DATE (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION VOLUNTARY ☐ 1- MERGER, CLOSURE ☐ 2- DISSATISFACTION WITH REIMBURSEMENT ☐ 3- RISK OF INVOLUNTARY TERMINATION ☐ 4- OTHER REASON FOR WITHDRAWAL INVOLUNTARY ☐ 5- FAILURE TO MEET HEALTH/SAFETY ☐ 6- FAILURE TO MEET AGREEMENT OTHER ☐ 7- PROVIDER STATUS CHANGE ☐ 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	