

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

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

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 345145		3. NAME AND ADDRESS OF FACILITY (L3) THE CARROLTON OF WILLIAMSTON 119 GATLING STREET (L4) WILLIAMSTON, NC 27892 (L5)		4. TYPE OF ACTION (L8) Other	
2. STATE VENDOR OR MEDICAID NO. (L2) 3455145		7. PROVIDER/SUPPLIER CATEGORY (L7) SNF/NF Dual Certification		9. FISCAL YEAR ENDING DATE (L35)	
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (L9)					
6. DATE OF SURVEY (L34) 07/24/2025					
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 (L18) 154		☒ 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)			
13. Total Certified Beds (L17) 154		☐ 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			
14. LTC CERTIFIED BED BREAKDOWN					
18-SNF 18/19- SNF 19-SNF 20- ICF/IID (L37) (L38) (L39) (L42)					
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): Transmit paper revisit survey of 07/24/25. Facility in compliance effective 07/19/25. Event ID# QJOU-H2. Administrator: Sharon Davis (sharon.davis@carroltonhealth.com)					
17. SURVEYOR SIGNATURE Susan Kelly			18. STATE SURVEY AGENCY APPROVAL Tracie Strickland		
DATE 07/25/2025 (L19)			DATE 07/25/2025 (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) 11/01/1980	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			