

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-735 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 2/3/2020 |
| NAME OF FACILITY CLORA'S ANGELS HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE WENDELL, NC 27591 | |

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 V0118 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 27G .0209 (C) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 02/03/2020 | LSC | | LSC | |
| ID Prefix <u>V0118</u> | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # <u>27G, 0209 (C)</u> | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | <u>02/03/2020</u> | LSC | | LSC | |
| ID Prefix <u>Made correction</u> | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # <u>02/03/2020</u> | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC <u>By performing a standard</u> | | LSC | | LSC | |
| ID Prefix <u>drill, drills will be checked</u> | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # <u>once a month</u> | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC <u>by G.P. at regular</u> | | LSC | | LSC | |
| ID Prefix <u>Home visits, all drills will be ran monthly different shifts and different type of drill done every month.</u> | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # <u>Sh.fts and</u> | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC <u>Different type of drill</u> | | LSC | | LSC | |

DHSR - Mental Health
 FEB 14 2020
 Lic. & Cert. Section

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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR Marie Ancil | DATE 2/3/20 |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 1/23/2019 | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |