


STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-468 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 10/25/2022 |
| NAME OF FACILITY WALNUT STREET GROUP HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 544 WALNUT STREET CARY, NC 27511 |

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 V0112 | Correction | ID Prefix V0290 | Correction | ID Prefix V0536 | Correction |
| Reg. # 27G .0205 (C-D) | Completed | Reg. # 27G .5602 | Completed | Reg. # 27E .0107 | Completed |
| LSC | 10/25/2022 | LSC | 10/25/2022 | LSC | 10/25/2022 |
| ID Prefix V0736 | Correction | ID Prefix V0774 | Correction | ID Prefix | Correction |
| Reg. # 27G .0303(c) | Completed | Reg. # 27G .0304(d)(7) | Completed | Reg. # | Completed |
| LSC | 10/25/2022 | LSC | 10/25/2022 | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE 10/25/22 | SIGNATURE OF SURVEYOR  | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 6/22/2022 | | <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 | | |