

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345529	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/7/2018	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/NORTH RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0550	Correction	ID Prefix F0582	Correction	ID Prefix F0585	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.10(j)(1)-(4)	Completed
LSC	07/27/2018	LSC	07/27/2018	LSC	07/27/2018
ID Prefix F0607	Correction	ID Prefix F0609	Correction	ID Prefix F0640	Correction
Reg. # 483.12(b)(1)-(3)	Completed	Reg. # 483.12(c)(1)(4)	Completed	Reg. # 483.20(f)(1)-(4)	Completed
LSC	07/27/2018	LSC	07/27/2018	LSC	07/27/2018
ID Prefix F0641	Correction	ID Prefix F0655	Correction	ID Prefix F0656	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)	Completed
LSC	07/27/2018	LSC	07/27/2018	LSC	07/27/2018
ID Prefix F0677	Correction	ID Prefix F0692	Correction	ID Prefix F0697	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(k)	Completed
LSC	07/27/2018	LSC	07/27/2018	LSC	07/27/2018
ID Prefix F0725	Correction	ID Prefix F0761	Correction	ID Prefix F0806	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	07/27/2018	LSC	07/27/2018	LSC	07/27/2018

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix F0812	Correction	ID Prefix F0842	Correction	ID Prefix F0865	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.75(a)(2)(h)(i)	Completed
LSC	07/27/2018	LSC	07/27/2018	LSC	07/27/2018

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/15/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		