DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345445 <div align=right>Y1</div>	MULTIPLE CONSTRUCTION A. Building B. Wing <div align=right>Y2</div>	DATE OF REVISIT 4/17/2019 <div align=right>Y3</div>
NAME OF FACILITY GLENAIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 4000 GLENAIRE CIRCLE CARY, NC 27511	

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 F0661 Reg. # 483.21(c)(2)(i)-(iv) LSC	Correction Completed 03/29/2019	ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 03/29/2019	ID Prefix F0761 Reg. # 483.45(g)(h)(1)(2) LSC	Correction Completed 03/29/2019
ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 03/29/2019	ID Prefix F0865 Reg. # 483.75(a)(2)(h)(i) LSC	Correction Completed 03/29/2019	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/28/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO