

## POST-CERTIFICATION REVISIT REPORT

|  |    |   |  |                              |    |
|--|----|---|--|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>345130         | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2   | DATE OF REVISIT<br>4/14/2020 | Y3 |
| NAME OF FACILITY<br>CURIS AT CONCORD NURSING & REHABILITATION CENTER |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>515 LAKE CONCORD ROAD NE<br>CONCORD, NC 28025 |                              |    |

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<br>Y4                       | DATE<br>Y5 | ITEM<br>Y4                      | DATE<br>Y5 | ITEM<br>Y4                            | DATE<br>Y5 |
|----------------------------------|------------|---------------------------------|------------|---------------------------------------|------------|
| ID Prefix F0580                  | Correction | ID Prefix F0636                 | Correction | ID Prefix F0637                       | Correction |
| Reg. # 483.10(g)(14)(i)-(iv)(15) | Completed  | Reg. # 483.20(b)(1)(2)(i)(iii)  | Completed  | Reg. # 483.20(b)(2)(ii)               | Completed  |
| LSC                              | 03/23/2020 | LSC                             | 03/23/2020 | LSC                                   | 03/23/2020 |
| ID Prefix F0638                  | Correction | ID Prefix F0640                 | Correction | ID Prefix F0641                       | Correction |
| Reg. # 483.20(c)                 | Completed  | Reg. # 483.20(f)(1)-(4)         | Completed  | Reg. # 483.20(g)                      | Completed  |
| LSC                              | 03/23/2020 | LSC                             | 03/23/2020 | LSC                                   | 03/23/2020 |
| ID Prefix F0655                  | Correction | ID Prefix F0656                 | Correction | ID Prefix F0695                       | Correction |
| Reg. # 483.21(a)(1)-(3)          | Completed  | Reg. # 483.21(b)(1)             | Completed  | Reg. # 483.25(i)                      | Completed  |
| LSC                              | 03/23/2020 | LSC                             | 03/23/2020 | LSC                                   | 03/23/2020 |
| ID Prefix F0756                  | Correction | ID Prefix F0835                 | Correction | ID Prefix F0842                       | Correction |
| Reg. # 483.45(c)(1)(2)(4)(5)     | Completed  | Reg. # 483.70                   | Completed  | Reg. # 483.20(f)(5), 483.70(i)(1)-(5) | Completed  |
| LSC                              | 03/23/2020 | LSC                             | 03/23/2020 | LSC                                   | 03/23/2020 |
| ID Prefix F0867                  | Correction | ID Prefix F0880                 | Correction | ID Prefix F0883                       | Correction |
| Reg. # 483.75(g)(2)(ii)          | Completed  | Reg. # 483.80(a)(1)(2)(4)(e)(f) | Completed  | Reg. # 483.80(d)(1)(2)                | Completed  |
| LSC                              | 03/23/2020 | LSC                             | 03/23/2020 | LSC                                   | 03/23/2020 |

|   |                        |      |                       |      |
|---|------------------------|------|-----------------------|------|
| 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 2/28/2020

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO