

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345569	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/6/2021	Y3
NAME OF FACILITY SPRINGBROOK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 195 SPRINGBROOK AVENUE CLAYTON, NC 27520		

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 F0558	Correction	ID Prefix F0561	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed
LSC	09/28/2021	LSC	09/28/2021	LSC	09/28/2021
ID Prefix F0585	Correction	ID Prefix F0641	Correction	ID Prefix F0644	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed
LSC	09/28/2021	LSC	09/28/2021	LSC	09/28/2021
ID Prefix F0657	Correction	ID Prefix F0677	Correction	ID Prefix F0684	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed
LSC	09/28/2021	LSC	09/28/2021	LSC	09/28/2021
ID Prefix F0726	Correction	ID Prefix F0745	Correction	ID Prefix F0756	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.40(d)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	09/28/2021	LSC	09/28/2021	LSC	09/28/2021
ID Prefix F0758	Correction	ID Prefix F0761	Correction	ID Prefix F0802	Correction
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(a)(3)(b)	Completed
LSC	09/28/2021	LSC	09/28/2021	LSC	09/28/2021

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0804	Correction	ID Prefix F0812	Correction	ID Prefix F0880	Correction
Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	09/28/2021	LSC	09/28/2021	LSC	09/28/2021

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 8/20/2021		<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		