

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345408	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/24/2024	Y3
NAME OF FACILITY SOUTHPOINT REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		

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 F0554	Correction	ID Prefix F0578	Correction	ID Prefix F0580	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed
LSC	05/24/2024	LSC	05/24/2024	LSC	05/24/2024
ID Prefix F0585	Correction	ID Prefix F0600	Correction	ID Prefix F0609	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	05/24/2024	LSC	05/24/2024	LSC	05/24/2024
ID Prefix F0657	Correction	ID Prefix F0660	Correction	ID Prefix F0661	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(c)(1)(i)-(ix)	Completed	Reg. # 483.21(c)(2)(i)-(iv)	Completed
LSC	05/24/2024	LSC	05/24/2024	LSC	05/24/2024
ID Prefix F0679	Correction	ID Prefix F0684	Correction	ID Prefix F0686	Correction
Reg. # 483.24(c)(1)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	05/24/2024	LSC	05/24/2024	LSC	05/24/2024
ID Prefix F0726	Correction	ID Prefix F0761	Correction	ID Prefix F0809	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(f)(1)-(3)	Completed
LSC	05/24/2024	LSC	05/24/2024	LSC	05/24/2024

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345408	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/24/2024	Y3
NAME OF FACILITY SOUTHPOINT REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		

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 F0812	Correction	ID Prefix F0867	Correction		
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed		
LSC	05/24/2024	LSC	05/24/2024		

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 4/5/2024		<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		