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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
345119 Y1	A. Building B. Wing Y2	7/15/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHCHASE NURSING AND REHABILITATION CENTER	3015 ENTERPRISE DRIVE WILMINGTON, NC 28405

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 F0580	Correction	ID Prefix F0582	Correction	ID Prefix F0641	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.20(g)	Completed
LSC	06/24/2024	LSC	06/24/2024	LSC	06/24/2024
ID Prefix F0657	Correction	ID Prefix F0676	Correction	ID Prefix F0684	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(1)(b)(1)-(5)(i)-(iii)	Completed	Reg. # 483.25	Completed
LSC	06/24/2024	LSC	06/24/2024	LSC	06/24/2024
ID Prefix F0685	Correction	ID Prefix F0692	Correction	ID Prefix F0745	Correction
Reg. # 483.25(a)(1)(2)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.40(d)	Completed
LSC	06/24/2024	LSC	06/24/2024	LSC	06/24/2024
ID Prefix F0760	Correction	ID Prefix F0761	Correction	ID Prefix F0804	Correction
Reg. # 483.45(f)(2)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(d)(1)(2)	Completed
LSC	06/24/2024	LSC	06/24/2024	LSC	06/24/2024
ID Prefix F0806	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.60(d)(4)(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	06/24/2024	LSC	06/24/2024	LSC	

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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/17/2024	☐ YES ☐ NO