			POST	-CERT	IFICATION	N REVISIT F	EPORT	•			
	R / SUPPLIER / C CATION NUMBER		MULTIPLE CONS A. Building B. Wing	STRUCTION					DATE 0	OF REVISIT	
	FACILITY	Y1	D. Willig			ITV OTATE 711	Y2	7/11/20	Y3		
NAME OF FACILITY PETTIGREW REHABILITATION CENTER						STREET ADDRESS, CITY, STATE, ZIP CODE 1515 W PETTIGREW STREET					
TETTIONEW REHABIEITATION CENTER						DURHAM, NC 27705					
program, corrected provision	to show those of and the date su	eficiencie ch correc	s previously repo tive action was a	orted on the accomplishe	CMS-2567, Stater d. Each deficiency	and/or Clinical Labora nent of Deficiencies a should be fully identi 2567 (prefix codes sh	nd Plan of Cor fied using eith	rection, that have er the regulation o	LSC		
ITEM			DATE	ITEM		DATE	ITEM			DATE	
Y4		Y5	Y4		Y5	Y4			Y5		
ID Prefix	F0641		Correction	ID Prefix	F0727	Correction	ID Prefix	F0761		Correction	
Reg.#	483.20(g)		Completed	Reg.#	483.35(b)(1)-(3)	Completed	Reg.#	483.45(g)(h)(1)(2)		Completed	
LSC			04/01/2025	LSC		04/01/2025	LSC			04/01/2025	
			_	<u> </u>						-	
ID Prefix	F0812		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #	483.60(i)(1)(2)		Completed	Reg.#		Completed	Reg. #			Completed	
LSC			04/01/2025	LSC			LSC			-	
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ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#			Completed	Reg. #		Completed	Reg. #			Completed	
LSC			_	LSC			LSC			-	
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. #		Completed	Reg.#		Completed	Reg. #			Completed		
LSC		- ·	LSC		·	LSC			- ·		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction		
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed		
LSC		-	LSC			LSC			-		
REVIEWED BY STATE AGENCY (INITIALS)				DATE SIGNATURE OF SURVEYOR				DATE			

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

DATE

REVIEWED BY

CMS RO

3/7/2025

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

YES NO

DATE