

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345529	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/14/2025	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/NORTH RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		

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 F0558	Correction	ID Prefix F0565	Correction	ID Prefix F0580	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0583	Correction	ID Prefix F0584	Correction	ID Prefix F0602	Correction
Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0623	Correction	ID Prefix F0641	Correction	ID Prefix F0660	Correction
Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(c)(1)(i)-(ix)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0677	Correction	ID Prefix F0689	Correction	ID Prefix F0697	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(k)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0726	Correction	ID Prefix F0727	Correction	ID Prefix F0756	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025

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 F0759	Correction	ID Prefix F0760	Correction	ID Prefix F0801	Correction
Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(f)(2)	Completed	Reg. # 483.60(a)(1)(2)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0804	Correction	ID Prefix F0842	Correction	ID Prefix F0847	Correction
Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.70(m)(1)(2)(i)(ii)(3)-(5)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0848	Correction	ID Prefix F0881	Correction	ID Prefix F0914	Correction
Reg. # 483.70(m), 483.70(m)(2)(iii)(iv)(6)	Completed	Reg. # 483.80(a)(3)	Completed	Reg. # 483.90(e)(1)(iv)(v)	Completed
LSC	04/14/2025	LSC	04/14/2025	LSC	04/14/2025
ID Prefix F0940	Correction				
Reg. # 483.95	Completed				
LSC	04/14/2025				

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 2/24/2025		<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		