

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY OR SURVEY OPERATIONS GROUP

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 345126 2. STATE VENDOR OR MEDICAID NO. (L2) 3435126	3. NAME AND ADDRESS OF FACILITY (L3) Mount Olive Center (L3) 228 Smith Chapel Road (L4) Mount Olive, NC 28365 (L5)	4. TYPE OF ACTION (L8) Onsite Visit
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (L9) 6. DATE OF SURVEY (L34) 01/28/2026	7. PROVIDER/SUPPLIER CATEGORY (L7) SNF/NF Dual Certification	9. FISCAL YEAR ENDING DATE (L35)
8. ACCREDITATION STATUS (L10)		

11. LTC PERIOD OF CERTIFICATION From (a): To (b): 12. Total Facility Beds (L18) 150 13. Total Certified Beds (L17) 150	10. THE FACILITY IS CERTIFIED AS AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS <input type="checkbox"/> A. In Compliance with Program Requirements COMPLIANCE BASED ON: <input type="checkbox"/> 1- Acceptable POC <div style="border: 1px dashed black; padding: 2px;"> <input checked="" type="checkbox"/> B. Not in Compliance with Program Requirements and/or Applied Waivers <input checked="" type="checkbox"/> NOT IN COMPLIANCE A/B (IF APPLICABLE CODES 1-9) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 2 - TECHNICAL PERSONNEL <input type="checkbox"/> 3 - 24 HR RN <input type="checkbox"/> 4 - 7-DAY RN (Rural SNF) <input type="checkbox"/> 5 - LIFE SAFETY CODE </div> <div style="width: 30%;"> <input type="checkbox"/> 6 - SCOPE OF SERVICE LIMITED <input type="checkbox"/> 7 - MEDICAL DIRECTOR <input type="checkbox"/> 8 - PATIENT ROOM <input type="checkbox"/> 9 - BEDS PER ROOM </div> </div>
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14. LTC CERTIFIED BED BREAKDOWN			
18-SNF (L37)	18/19- SNF (L38)	19-SNF (L39)	20- ICF/IID (L42)
	150		

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):
 Transmit on-site revisit survey of 01/28/26. Facility remains out of compliance. Event ID# 1DE949-H2. Administrator: Nita Davis (nita.davis@genesishcc.com)

17. SURVEYOR SIGNATURE DATE Amy Hurley 02/04/2026 (L19)	18. STATE SURVEY AGENCY APPROVAL DATE Stacy Tighe 02/04/2026 (L20)
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PART II - TO BE COMPLETED BY THE CMS SURVEY AND OPERATIONS GROUP LOCATION OR STATE AGENCY

19. DETERMINATION OF ELIGIBILITY (L21) <input checked="" type="checkbox"/> 1-FACILITY IS ELIGIBLE TO PARTICIPATE <input type="checkbox"/> 2-FACILITY IS NOT ELIGIBLE TO PARTICIPATE	20. INITIAL SURVEY DETERMINATION SURVEY #1 SURVEY #2 SURVEY #3 (FINAL ATTEMPT) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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22. EFFECTIVE DATE (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION VOLUNTARY <input type="checkbox"/> 1- MERGER, CLOSURE <input type="checkbox"/> 2- DISSATISFACTION WITH REIMBURSEMENT <input type="checkbox"/> 3- RISK OF INVOLUNTARY TERMINATION <input type="checkbox"/> 4- OTHER REASON FOR WITHDRAWAL INVOLUNTARY <input type="checkbox"/> 5- FAILURE TO MEET HEALTH/SAFETY <input type="checkbox"/> 6- FAILURE TO MEET AGREEMENT OTHER <input type="checkbox"/> 7- PROVIDER STATUS CHANGE <input type="checkbox"/> 00- ACTIVE (L30)
25. LTC EXTENSION DATE (L27)	27. ALTERNATIVE SANCTIONS A. SUSPENSION OF ADMISSION (L44) B. RESCIND SUSPENSION DATE (L45)		

28. TERMINATION DATE (L28)	29. MAC ID NUMBER (L31)	30. REMARKS
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31. CMS LOCATION OR MAC RECEIPT OF 1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	33. INITIAL CERTIFICATION DETERMINATION REMARKS
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