

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345316	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/20/2018	Y3
NAME OF FACILITY SENIOR CITIZENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2275 RUIN CREEK ROAD HENDERSON, NC 27537		

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 F0553	Correction	ID Prefix F0554	Correction	ID Prefix F0558	Correction
Reg. # 483.10(c)(2)(3)	Completed	Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(e)(3)	Completed
LSC	11/02/2018	LSC	11/02/2018	LSC	11/02/2018
ID Prefix F0584	Correction	ID Prefix F0600	Correction	ID Prefix F0607	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(1)-(3)	Completed
LSC	11/02/2018	LSC	11/02/2018	LSC	11/02/2018
ID Prefix F0609	Correction	ID Prefix F0623	Correction	ID Prefix F0641	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.20(g)	Completed
LSC	11/02/2018	LSC	11/02/2018	LSC	11/02/2018
ID Prefix F0656	Correction	ID Prefix F0677	Correction	ID Prefix F0688	Correction
Reg. # 483.21(b)(1)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(c)(1)-(3)	Completed
LSC	11/02/2018	LSC	11/02/2018	LSC	11/02/2018
ID Prefix F0695	Correction	ID Prefix F0732	Correction	ID Prefix F0760	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.45(f)(2)	Completed
LSC	11/02/2018	LSC	11/02/2018	LSC	11/02/2018
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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ID Prefix F0761	Correction	ID Prefix F0812	Correction	ID Prefix F0880	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	11/02/2018	LSC	11/02/2018	LSC	11/02/2018
ID Prefix F0920	Correction				
Reg. # 483.90(h)(1)-(4)	Completed				
LSC	11/02/2018				

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 9/28/2018		<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		