

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345293	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/6/2018	Y3
NAME OF FACILITY RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		

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 F0561	Correction	ID Prefix F0571	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(f)(11)(i)-(iii)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018
ID Prefix F0584	Correction	ID Prefix F0585	Correction	ID Prefix F0600	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12(a)(1)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018
ID Prefix F0607	Correction	ID Prefix F0641	Correction	ID Prefix F0656	Correction
Reg. # 483.12(b)(1)-(3)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018
ID Prefix F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0689	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018
ID Prefix F0690	Correction	ID Prefix F0692	Correction	ID Prefix F0693	Correction
Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(g)(4)(5)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018

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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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0757	Correction	ID Prefix F0758	Correction	ID Prefix F0760	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(f)(2)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018
ID Prefix F0761	Correction	ID Prefix F0842	Correction	ID Prefix F0867	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.75(g)(2)(ii)	Completed
LSC	11/15/2018	LSC	11/15/2018	LSC	11/15/2018
ID Prefix F0921	Correction				
Reg. # 483.90(i)	Completed				
LSC	11/15/2018				

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 10/18/2018		<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		