

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345146	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/6/2019	Y3
NAME OF FACILITY BETHANY WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002		

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 F0584	Correction	ID Prefix F0585	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.10(j)(1)-(4)	Completed
LSC	12/16/2018	LSC	12/16/2018	LSC	12/16/2018
ID Prefix F0600	Correction	ID Prefix F0604	Correction	ID Prefix F0636	Correction
Reg. # 483.12(a)(1)	Completed	Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # 483.20(b)(1)(2)(i)(iii)	Completed
LSC	12/16/2018	LSC	12/16/2018	LSC	12/16/2018
ID Prefix F0637	Correction	ID Prefix F0641	Correction	ID Prefix F0644	Correction
Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed
LSC	12/16/2018	LSC	12/16/2018	LSC	12/16/2018
ID Prefix F0656	Correction	ID Prefix F0677	Correction	ID Prefix F0684	Correction
Reg. # 483.21(b)(1)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed
LSC	12/16/2018	LSC	12/16/2018	LSC	12/16/2018
ID Prefix F0689	Correction	ID Prefix F0695	Correction	ID Prefix F0697	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.25(k)	Completed
LSC	12/16/2018	LSC	12/16/2018	LSC	12/16/2018
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 F0698	Correction	ID Prefix F0700	Correction	ID Prefix F0761	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	12/16/2018	LSC	12/16/2018	LSC	12/16/2018
ID Prefix F0804	Correction	ID Prefix F0812	Correction		
Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed		
LSC	12/16/2018	LSC	12/16/2018		

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 11/16/2018		<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		