

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345370	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/1/2019	Y3
NAME OF FACILITY PINEHURST HEALTHCARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374		

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 F0550	Correction	ID Prefix F0580	Correction	ID Prefix F0641	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.20(g)	Completed
LSC	01/25/2019	LSC	01/25/2019	LSC	01/31/2019
ID Prefix F0655	Correction	ID Prefix F0656	Correction	ID Prefix F0686	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	01/31/2019	LSC	01/31/2019	LSC	01/31/2019
ID Prefix F0689	Correction	ID Prefix F0690	Correction	ID Prefix F0692	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	01/31/2019	LSC	01/31/2019	LSC	01/25/2019
ID Prefix F0756	Correction	ID Prefix F0758	Correction	ID Prefix F0761	Correction
Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	01/31/2019	LSC	01/31/2019	LSC	01/31/2019
ID Prefix F0791	Correction	ID Prefix F0804	Correction	ID Prefix F0867	Correction
Reg. # 483.55(b)(1)-(5)	Completed	Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.75(g)(2)(ii)	Completed
LSC	01/25/2019	LSC	01/31/2019	LSC	01/31/2019

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 12/20/2018		<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		