

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345450	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/8/2019	Y3
NAME OF FACILITY WESTWOOD HEALTH AND REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 625 ASHLAND STREET ARCHDALE, NC 27263		

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 F0561	Correction	ID Prefix F0565	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed
LSC	04/03/2019	LSC	04/03/2019	LSC	04/03/2019
ID Prefix F0585	Correction	ID Prefix F0600	Correction	ID Prefix F0636	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.20(b)(1)(2)(i)(iii)	Completed
LSC	04/03/2019	LSC	04/03/2019	LSC	04/03/2019
ID Prefix F0641	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	04/03/2019	LSC	04/03/2019	LSC	04/03/2019
ID Prefix F0677	Correction	ID Prefix F0686	Correction	ID Prefix F0690	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	04/03/2019	LSC	04/03/2019	LSC	04/03/2019
ID Prefix F0692	Correction	ID Prefix F0695	Correction	ID Prefix F0725	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	04/03/2019	LSC	04/03/2019	LSC	04/03/2019

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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0756	Correction	ID Prefix F0758	Correction	ID Prefix F0812	Correction
Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	04/03/2019	LSC	04/03/2019	LSC	04/03/2019
ID Prefix F0835	Correction	ID Prefix F0867	Correction		
Reg. # 483.70	Completed	Reg. # 483.75(g)(2)(ii)	Completed		
LSC	04/03/2019	LSC	04/03/2019		

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 3/6/2019		<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		