DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345392 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing Y2	DATE OF REVISIT 8/8/2019 Y3

NAME OF FACILITY WADESBORO HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2051 COUNTRY CLUB ROAD WADESBORO, NC 28170

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 F0565	Correction	ID Prefix F0641	Correction	ID Prefix F0656	Correction
Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)	Completed
LSC	07/23/2019	LSC	07/23/2019	LSC	07/23/2019
ID Prefix F0695	Correction	ID Prefix F0700	Correction	ID Prefix F0842	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	07/23/2019	LSC	07/23/2019	LSC	07/23/2019
ID Prefix F0867	Correction	ID Prefix F0909	Correction	ID Prefix	Correction
Reg. # 483.75(g)(2)(ii)	Completed	Reg. # 483.90(d)(3)	Completed	Reg. #	Completed
LSC	07/23/2019	LSC	07/23/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/27/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO