

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345281	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/23/2019	Y3
NAME OF FACILITY STANLY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 BETHANY CHURCH ROAD ALBEMARLE, NC 28001		

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 F0641	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.20(g)	Completed
LSC	08/08/2019	LSC	08/08/2019	LSC	08/08/2019
ID Prefix F0655	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	08/08/2019	LSC	08/08/2019	LSC	08/08/2019
ID Prefix F0658	Correction	ID Prefix F0689	Correction	ID Prefix F0692	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	08/08/2019	LSC	08/08/2019	LSC	08/08/2019
ID Prefix F0695	Correction	ID Prefix F0700	Correction	ID Prefix F0756	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	08/08/2019	LSC	08/08/2019	LSC	08/08/2019
ID Prefix F0757	Correction	ID Prefix F0758	Correction	ID Prefix F0842	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	08/08/2019	LSC	08/08/2019	LSC	08/08/2019
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	F0881	Correction			
Reg. #	483.80(a)(3)	Completed			
LSC		08/08/2019			

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 7/11/2019			<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		