

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345523	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/28/2021	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/RAMSEUR			STREET ADDRESS, CITY, STATE, ZIP CODE 7166 JORDON ROAD RAMSEUR, NC 27316		

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 F0561	Correction	ID Prefix F0563	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(f)(4)(ii)-(v)	Completed
LSC	07/02/2021	LSC	07/02/2021	LSC	07/02/2021
ID Prefix F0580	Correction	ID Prefix F0609	Correction	ID Prefix F0641	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.12(c)(1)(4)	Completed	Reg. # 483.20(g)	Completed
LSC	07/02/2021	LSC	07/02/2021	LSC	07/02/2021
ID Prefix F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	07/02/2021	LSC	07/02/2021	LSC	07/02/2021
ID Prefix F0688	Correction	ID Prefix F0689	Correction	ID Prefix F0695	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(i)	Completed
LSC	07/02/2021	LSC	07/02/2021	LSC	07/02/2021
ID Prefix F0697	Correction	ID Prefix F0725	Correction	ID Prefix F0727	Correction
Reg. # 483.25(k)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.35(b)(1)-(3)	Completed
LSC	07/02/2021	LSC	07/02/2021	LSC	07/02/2021
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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345523	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/28/2021	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/RAMSEUR			STREET ADDRESS, CITY, STATE, ZIP CODE 7166 JORDON ROAD RAMSEUR, NC 27316		

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 F0732	Correction	ID Prefix F0742	Correction	ID Prefix F0755	Correction
Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.40(b)(1)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	07/02/2021	LSC	07/02/2021	LSC	07/02/2021
ID Prefix F0761	Correction	ID Prefix F0880	Correction		
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed		
LSC	07/02/2021	LSC	07/02/2021		

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 6/11/2021		<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		