

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345420	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/13/2022	Y3
NAME OF FACILITY ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON ROAD BURLINGTON, NC 27217		

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 F0580	Correction	ID Prefix F0600	Correction	ID Prefix F0609	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(c)(1)(4)	Completed
LSC	01/13/2022	LSC	01/13/2022	LSC	01/13/2022
ID Prefix F0641	Correction	ID Prefix F0684	Correction	ID Prefix F0686	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	01/13/2022	LSC	01/13/2022	LSC	01/13/2022
ID Prefix F0690	Correction	ID Prefix F0692	Correction	ID Prefix F0697	Correction
Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(k)	Completed
LSC	01/13/2022	LSC	01/13/2022	LSC	01/13/2022
ID Prefix F0726	Correction	ID Prefix F0755	Correction	ID Prefix F0756	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	01/13/2022	LSC	01/13/2022	LSC	01/13/2022
ID Prefix F0757	Correction	ID Prefix F0835	Correction	ID Prefix F0842	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.70	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	01/13/2022	LSC	01/13/2022	LSC	01/13/2022
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	F0880	Correction			
Reg. #	483.80(a)(1)(2)(4)(e)(f)	Completed			
LSC		01/13/2022			

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 12/13/2021			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		