

## POST-CERTIFICATION REVISIT REPORT

|   |    |   |  |                             |    |
|---|----|---|--|-----------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>345215      | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2   | DATE OF REVISIT<br>2/3/2022 | Y3 |
| NAME OF FACILITY<br>RIVER TRACE NURSING AND REHABILITATION CENTER |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>250 LOVERS LANE<br>WASHINGTON, NC 27889 |                             |    |

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<br>Y4                      | DATE<br>Y5 | ITEM<br>Y4                           | DATE<br>Y5 | ITEM<br>Y4                 | DATE<br>Y5 |
|---------------------------------|------------|--------------------------------------|------------|----------------------------|------------|
| ID Prefix F0550                 | Correction | ID Prefix F0565                      | Correction | ID Prefix F0572            | Correction |
| Reg. # 483.10(a)(1)(2)(b)(1)(2) | Completed  | Reg. # 483.10(f)(5)(i)-(iv)(6)(7)    | Completed  | Reg. # 483.10(g)(1)(16)    | Completed  |
| LSC                             | 01/12/2022 | LSC                                  | 01/12/2022 | LSC                        | 01/12/2022 |
| ID Prefix F0574                 | Correction | ID Prefix F0578                      | Correction | ID Prefix F0623            | Correction |
| Reg. # 483.10(g)(4)(i)-(vi)     | Completed  | Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v) | Completed  | Reg. # 483.15(c)(3)-(6)(8) | Completed  |
| LSC                             | 01/12/2022 | LSC                                  | 01/12/2022 | LSC                        | 01/12/2022 |
| ID Prefix F0626                 | Correction | ID Prefix F0637                      | Correction | ID Prefix F0641            | Correction |
| Reg. # 483.15(e)(1)(2)          | Completed  | Reg. # 483.20(b)(2)(ii)              | Completed  | Reg. # 483.20(g)           | Completed  |
| LSC                             | 01/12/2022 | LSC                                  | 01/12/2022 | LSC                        | 01/12/2022 |
| ID Prefix F0644                 | Correction | ID Prefix F0657                      | Correction | ID Prefix F0658            | Correction |
| Reg. # 483.20(e)(1)(2)          | Completed  | Reg. # 483.21(b)(2)(i)-(iii)         | Completed  | Reg. # 483.21(b)(3)(i)     | Completed  |
| LSC                             | 01/12/2022 | LSC                                  | 01/12/2022 | LSC                        | 01/12/2022 |
| ID Prefix F0661                 | Correction | ID Prefix F0677                      | Correction | ID Prefix F0684            | Correction |
| Reg. # 483.21(c)(2)(i)-(iv)     | Completed  | Reg. # 483.24(a)(2)                  | Completed  | Reg. # 483.25              | Completed  |
| LSC                             | 01/12/2022 | LSC                                  | 01/12/2022 | LSC                        | 01/12/2022 |

|   |                        |      |                       |      |
|---|------------------------|------|-----------------------|------|
| 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<br>Y4                      | DATE<br>Y5 | ITEM<br>Y4          | DATE<br>Y5 | ITEM<br>Y4                | DATE<br>Y5 |
|---------------------------------|------------|---------------------|------------|---------------------------|------------|
| ID Prefix F0732                 | Correction | ID Prefix F0742     | Correction | ID Prefix F0761           | Correction |
| Reg. # 483.35(g)(1)-(4)         | Completed  | Reg. # 483.40(b)(1) | Completed  | Reg. # 483.45(g)(h)(1)(2) | Completed  |
| LSC                             | 01/12/2022 | LSC                 | 01/12/2022 | LSC                       | 01/12/2022 |
| ID Prefix F0880                 | Correction |                     |            |                           |            |
| Reg. # 483.80(a)(1)(2)(4)(e)(f) | Completed  |                     |            |                           |            |
| LSC                             | 01/12/2022 |                     |            |                           |            |

|   |                        |   |                       |      |
|---|------------------------|---|-----------------------|------|
| 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<br>12/16/2021     |                        | <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> |                       |      |