

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345436	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/10/2022	Y3
NAME OF FACILITY WELLINGTON REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 TANDAL PLACE KNIGHTDALE, NC 27545		

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 F0641	Correction	ID Prefix F0644	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed
LSC	04/25/2022	LSC	04/25/2022	LSC	04/26/2022
ID Prefix F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0677	Correction
Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	04/25/2022	LSC	04/25/2022	LSC	04/25/2022
ID Prefix F0679	Correction	ID Prefix F0684	Correction	ID Prefix F0687	Correction
Reg. # 483.24(c)(1)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(2)(i)(ii)	Completed
LSC	04/25/2022	LSC	04/25/2022	LSC	04/25/2022
ID Prefix F0698	Correction	ID Prefix F0744	Correction	ID Prefix F0804	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.40(b)(3)	Completed	Reg. # 483.60(d)(1)(2)	Completed
LSC	04/25/2022	LSC	04/25/2022	LSC	05/10/2022
ID Prefix F0809	Correction	ID Prefix F0812	Correction	ID Prefix F0814	Correction
Reg. # 483.60(f)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.60(i)(4)	Completed
LSC	04/25/2022	LSC	04/28/2022	LSC	04/25/2022
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	F0842	Correction			
Reg. #	483.20(f)(5), 483.70(i)(1)-(5)	Completed			
LSC		04/25/2022			

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 3/29/2022			<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		