

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345450	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/7/2022	Y3
NAME OF FACILITY WESTWOOD HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 625 ASHLAND STREET ARCHDALE, NC 27263		

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 F0558	Correction	ID Prefix F0561	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
ID Prefix F0580	Correction	ID Prefix F0583	Correction	ID Prefix F0584	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.10(i)(1)-(7)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
ID Prefix F0640	Correction	ID Prefix F0641	Correction	ID Prefix F0658	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
ID Prefix F0677	Correction	ID Prefix F0684	Correction	ID Prefix F0686	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
ID Prefix F0687	Correction	ID Prefix F0689	Correction	ID Prefix F0690	Correction
Reg. # 483.25(b)(2)(i)(ii)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
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 F0695	Correction	ID Prefix F0732	Correction	ID Prefix F0745	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.40(d)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
ID Prefix F0758	Correction	ID Prefix F0760	Correction	ID Prefix F0761	Correction
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(f)(2)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	05/10/2022	LSC	05/10/2022	LSC	05/10/2022
ID Prefix F0835	Correction	ID Prefix F0947	Correction		
Reg. # 483.70	Completed	Reg. # 483.95(g)(1)-(4)	Completed		
LSC	05/10/2022	LSC	05/10/2022		

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 4/12/2022		<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		