

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345561	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/4/2022	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/FUQUAY-VARINA			STREET ADDRESS, CITY, STATE, ZIP CODE 410 S JUDD PARKWAY SE FUQUAY VARINA, NC 27526		

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 F0554	Correction	ID Prefix F0561	Correction	ID Prefix F0578	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0582	Correction	ID Prefix F0583	Correction	ID Prefix F0623	Correction
Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0640	Correction	ID Prefix F0641	Correction	ID Prefix F0644	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0655	Correction	ID Prefix F0657	Correction	ID Prefix F0661	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(c)(2)(i)-(iv)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0677	Correction	ID Prefix F0686	Correction	ID Prefix F0688	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(c)(1)-(3)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345561	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/4/2022	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/FUQUAY-VARINA			STREET ADDRESS, CITY, STATE, ZIP CODE 410 S JUDD PARKWAY SE FUQUAY VARINA, NC 27526		

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 F0689	Correction	ID Prefix F0690	Correction	ID Prefix F0725	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0727	Correction	ID Prefix F0812	Correction	ID Prefix F0814	Correction
Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.60(i)(4)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0838	Correction	ID Prefix F0842	Correction	ID Prefix F0867	Correction
Reg. # 483.70(e)(1)-(3)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.75(g)(2)(ii)	Completed
LSC	07/15/2022	LSC	07/15/2022	LSC	07/15/2022
ID Prefix F0880	Correction	ID Prefix F0947	Correction		
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.95(g)(1)-(4)	Completed		
LSC	07/15/2022	LSC	07/15/2022		

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 6/17/2022		<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		