POST-CERTIFICATION REVISIT REPORT									
	R / SUPPLIER / CLIA /		TIPLE CONSTRUCTION						
345240	CATION NUMBER	A. Building B. Wing						12/30/2024 <sub>Y3</sub>	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
WARREN HILLS NURSING CENTER					864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589				
ITEM		DATE	ITEM		DATE ITEM			DATE	
Y4		Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0559	Correction	ID Prefix	F0578	Correction	ID Prefix	F0644	Correction	
Reg.#	483.10(e)(4)-(6)	Completed	Reg. #	483.10(c)(6)(8)(g)(12)(i)-	Completed	Reg. #	483.20(e)(1)(2)	Completed	
LSC		12/16/2024	LSC	<u>(v)</u>	— 12/16/2024	LSC		12/16/2024	
			150			-			
ID Prefix	F0761	Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#	483.45(g)(h)(1)(2)	Completed	Reg. #		Completed	Reg.#		Completed	
LSC		12/16/2024	LSC			LSC			
			+						
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#		Completed	Reg. #		Completed	Reg.#		Completed	
LSC			LSC		<u> </u>	LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #		Completed	
LSC			LSC			LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction	
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Reg. #		Completed	Reg. #		Completed	Reg. #		Completed	
1 51.			11 50.			1 150			

STATE AGENCY (INITIALS) DATE TITLE DATE REVIEWED BY REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

SIGNATURE OF SURVEYOR

Form CMS - 2567B (09/92) EF (11/06)

**REVIEWED BY** 

11/21/2024

**REVIEWED BY** 

DATE

Page 1 of 1

EVENT ID:

1A9312

YES NO

DATE