		POS1	I-CERT	TFICATION	N REVISIT RI	EPORT				
	R / SUPPLIER / CLIA /	MULTIPLE CON	STRUCTION	TRUCTION					DATE OF REVISIT	
	CATION NUMBER	A. Building B. Wing							12/30/2024	
11 3									12/30/2024 Y3	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
WESTWOOD HEALTH AND REHABILITATION					625 ASHLAND STREET ARCHDALE, NC 27263					
										program, corrected provision
ITEM Y4		DATE	ITEM Y4		DATE	ITEM		DATE		
		Y5			Y5	Y4			Y5	
						 				
ID Prefix	F0561	Correction	ID Prefix	F0677	Correction	ID Prefix	F0689		Correction	
	483.10(f)(1)-(3)(8)			483.24(a)(2)			483.25(d)(1)(2)		_	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	
LSC		12/18/2024	LSC		12/18/2024	LSC			12/18/2024	
ID Prefix	F0759	Correction	ID Prefix	F0761	Correction	ID Prefix	F0880		Correction	
Reg.#	483.45(f)(1)	Completed	Reg. #	483.45(g)(h)(1)(2)	Completed	Reg. #	483.80(a)(1)(2)	(4)(e)(f)	Completed	
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אווסו ו עוו		COLLECTION			COHECHON				COLLECTION	

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE 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**

Completed

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

Reg. #

LSC

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

Completed

Reg.#

LSC

Reg. #

11/21/2024

LSC

Page 1 of 1

EVENT ID:

IHOY12

YES NO

Completed