

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345149	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/30/2025
NAME OF FACILITY MILL CREEK CENTER FOR NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	

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 F0554	Correction	ID Prefix F0558	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(e)(3)	Completed
LSC	05/12/2025	LSC	05/12/2025	LSC	05/12/2025
ID Prefix F0578	Correction	ID Prefix F0583	Correction	ID Prefix F0584	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.10(i)(1)-(7)	Completed
LSC	05/12/2025	LSC	05/12/2025	LSC	05/12/2025
ID Prefix F0637	Correction	ID Prefix F0677	Correction	ID Prefix F0689	Correction
Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	05/12/2025	LSC	05/12/2025	LSC	05/12/2025
ID Prefix F0695	Correction	ID Prefix F0698	Correction	ID Prefix F0791	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.55(b)(1)-(5)	Completed
LSC	05/12/2025	LSC	05/12/2025	LSC	05/12/2025
ID Prefix F0883	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(d)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/12/2025	LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/14/2025		<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			