

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number HAL043019	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/2/2009
Name of Facility PRIMROSE VILLA RETIREMENT IV	Street Address, City, State, Zip Code 431 JUNNY ROAD ANGIER, NC 27501	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>D0067</u>	Correction Completed 03/06/2009	ID Prefix <u>D0125</u>	Correction Completed 03/20/2009	ID Prefix <u>D0139</u>	Correction Completed 03/20/2009
Reg. # <u>10A NCAC 13F .0305(h)(4)</u>		Reg. # <u>10A NCAC 13F .0403(a)</u>		Reg. # <u>10A NCAC 13F .0407(a)(7)</u>	
LSC _____		LSC _____		LSC _____	
ID Prefix <u>D0270</u>	Correction Completed 03/06/2009	ID Prefix <u>D912</u>	Correction Completed 03/20/2009	ID Prefix _____	Correction Completed
Reg. # <u>10A NCAC 13F .0901(b)</u>		Reg. # <u>G.S. 131D-21(2)</u>		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency _____				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____				
Followup to Survey Completed on: 2/4/2009		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		
		YES NO		