POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
	A. Building		4/0/0004	
345283 _{Y1}	B. Wing	Y2	4/2/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE CITADEL MOORESVILLE		550 GLENWOOD DRIVE		
		MOORESVILLE, NC 28115		

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	ITEM Y4		DATE	ITEM Y4		DATE	
		Y5			Y5			Y5	
ID Prefix	F0550	Correction	ID Prefix	F0554	Correction	ID Prefix	F0602	Correction	
Reg.#	483.10(a)(1)(2)(b)(1)(2)	 Completed	483.10(c)(7)		Completed	483.12 Reg. #		Completed	
LSC		03/05/2024	LSC		03/05/2024	LSC		03/05/2024	
ID Prefix	F0607	Correction	ID Prefix	F0641	Correction	ID Prefix	F0661	Correction	
Reg.#	483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. #	483.20(g)	Completed	Reg.#	483.21(c)(2)(i)-(iv)	Completed	
LSC		03/05/2024	LSC		03/05/2024	LSC		03/05/2024	
ID Prefix	F0677	Correction	ID Prefix	F0688	Correction	ID Prefix	F0689	Correction	
Reg.#	483.24(a)(2)	Completed	Reg. #	483.25(c)(1)-(3)	Completed	Reg.#	483.25(d)(1)(2)	Completed	
LSC		03/05/2024	LSC		03/05/2024	LSC		03/05/2024	
ID Prefix	F0759	Correction	ID Prefix	F0761	Correction	ID Prefix	F0801	Correction	
Reg.#	483.45(f)(1)	- Completed	Reg. #	483.45(g)(h)(1)(2)	Completed	Reg.#	483.60(a)(1)(2)	Completed	
LSC		03/05/2024	LSC		03/05/2024	LSC		03/05/2024	
ID Prefix	F0804	Correction	ID Prefix	F0842	Correction	ID Prefix	F0867	Correction	
Reg.#	483.60(d)(1)(2)	Completed	Reg. #	483.20(f)(5), 483.70(i)(1)(5))- Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)		i) Completed	
LSC		03/05/2024	LSC		03/05/2024	LSC		03/05/2024	
REVIEWED BY STATE AGENCY (INITIALS)			DATE SIGNATURE OF S		F SURVEYOR	1	DAT	DATE	
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE					

POST-CERTIFICATION REVISIT REPORT

				PUSI	-CERI	IIICAII	ON F	CEVIOLI NE	PORT			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS' IDENTIFICATION NUMBER A. Building				TRUCTION					DATE OF REVISIT			
345283	DATION NON	VIDER		B. Wing						Y2	4/2/2024	Y3
NAME OF	FACILITY						STE	REET ADDRESS, CIT	Y STATE ZIP CODE	12	<u> </u>	10
	ADEL MOC	DES!	/II I E				ı	GLENWOOD DRIVE				
THE CH	ADEL WOC	INLO	/ILLL				l l	ORESVILLE, NC 281				
							10	0112011222, 110 201				
program, corrected provision	to show th I and the da	ose do ate su nd the	eficiencie ch correc	s previously repo tive action was a	orted on the ccomplished	CMS-2567, S d. Each defici	tatement ency sho	of Deficiencies and uld be fully identifie	y Improvement Amer Plan of Correction, to d using either the reg on to the left of each r	hat have julation o	r LSC	
ITE	M			DATE	ITEM			DATE ITEM			D	ATE
Y4				Y5	Y4			Y5 Y4				Y5
								-				
ID Prefix	F0883			Correction	ID Prefix	F0887		Correction				
D #	483.80(d)(1)(2)		0	D #	483.80(d)(3)(i)	-(vii)	Osmanlatad				
Reg. #				Completed	Reg. #			Completed				
LSC				03/05/2024	LSC			03/05/2024				
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REVIEWE	D BY		REVIEW	ED BY	DATE	SIGN	ATURE O	F SURVEYOR			DATE	
STATE AG				INITIALS)								
REVIEWE CMS RO	D BY	\neg	REVIEW (INITIAL:		DATE	TITLI	E				DATE	
OHIO KU		ш	(IIIIIAL	- ,	<u> </u>							
FOLLOWUP TO SURVEY COMPLETED ON								S. WAS A SUMMARY OF	=		_	
2/1/2024			UNC	UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					YES [NO		