POST-CERTIFICATION REVISIT REPORT									
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							DATE OF REVISIT		
345499	DENTIFICATION NUMBER A. Building 345499 B. Wing						Y2	6/18/2018	Y3
NAME OF FACILITY STREET ADDI						TY, STATE, ZII	CODE		
LITCHFORD FALLS HEALTHCARE 8200 LITCHFO					8200 LITCHFORD ROA	FORD ROAD			
RALEIGH, NC 27615									
•	ey report form).	fication prefix code	previously s	hown on the CMS	-2567 (prefix codes sho	wn to the left	of each requireme	ent on	
Y4		Y5	Y4		Y5	Y4		Y5	
ID Prefix Reg. # LSC	F0550 483.10(a)(1)(2)(b)(1)(2)	Correction Completed 06/06/2018	ID Prefix Reg. # LSC	F0584 483.10(i)(1)-(7)	Correction Completed 06/06/2018	ID Prefix Reg. # LSC	F0641 483.20(g)	Correct Comp 06/06/2	leted