			POST	-CERT	IFIC	ATIO	N RE	VISIT RI	EPORT				
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTE IDENTIFICATION NUMBER A. Building				TRUCTION								F REVISIT	
345339 _{Y1} B. Wing										Y2	9/18/20	118 _{Y3}	
NAME OF					T ADDRESS, CIT		CODE						
BRIAN C				1306 SOUTH KING STREET									
							WINDS	OR, NC 27983					
program, corrected provision	and the date su	eficiencies och correcti	previously repo ive action was a	orted on the ccomplished	CMS-25 d. Each	67, Stater deficiency	ment of E y should	Deficiencies and be fully identifie	Plan of Correct Plan of Corret Plan of Correct Plan of Correct Plan of Correct Plan of Correct	nt Amendments ection, that have the regulation or of each requirement	LSC		
ITEM			DATE	DATE ITEM				DATE ITEM			DATE		
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0557		Correction	ID Prefix	F0677			Correction	ID Prefix			Correction	
Reg. #	483.10(e)(2)		Completed	Reg. #	483.24(a)(2)		Completed	Reg.#			Completed	
			09/14/2018					•				Completed	
LSC			09/14/2016	LSC				09/14/2018	LSC				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed	
LSC			·	LSC					LSC			·	
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed	Reg. #			Completed	
LSC				LSC					LSC				
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ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed	Reg.#			Completed	
LSC				LSC					LSC				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #			Completed	Reg. #				Completed Reg. #				Completed	
LSC				LSC					LSC				
REVIEWED BY STATE AGENCY			DATE		SIGNATU	RE OF SU	JRVEYOR			DATE			
DEVIEWE	D DV	DEVIEWE	D BV	DATE		TITI E					DATE		

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

FOLLOWUP TO SURVEY COMPLETED ON

CMS RO

8/24/2018

(INITIALS)

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO