POST-CERTIFICATION REVISIT REPORT									
	R / SUPPLIER / CLIA /	MULTIPLE CONS	STRUCTION					DATE OF REVISIT	
345194	CATION NUMBER	A. Building B. Wing				Y2	4/12/2019 <sub>Y3</sub>		
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
GLENFLORA					5701 FAYETTEVILLE ROAD				
					LUMBERTON, NC 28360				
program, corrected provision	to show those deficier and the date such cor	ncies previously rep rrective action was	orted on the accomplishe	CMS-2567, State d. Each deficienc	and/or Clinical Laborato ment of Deficiencies and y should be fully identifie -2567 (prefix codes sho	d Plan of Cored using eith	rection, that have er the regulation	e been or LSC	
ITEM		DATE	DATE ITEM Y5 Y4		DATE	DATE ITEM			DATE
Y4		Y5			Y5	Y4		Y5	
ID Prefix	F0636	Correction	ID Prefix	F0640	Correction	ID Prefix	F0656		Correction
Reg.#	483.20(b)(1)(2)(i)(iii)	Completed	Reg. #	483.20(f)(1)-(4)	Completed	Reg. #	483.21(b)(1)		Completed
LSC		04/05/2019	LSC		04/05/2019	LSC			04/05/2019
ID Prefix	F0692	Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#	483.25(g)(1)-(3)	Completed	Reg. #		Completed	Reg. #			Completed
LSC		04/05/2019	LSC			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
D #			D #			D #			
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			-
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #		Completed	Reg. #		Completed	Reg. #			Completed

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

REVIEWED BY

REVIEWED BY

(INITIALS)

(INITIALS)

FOLLOWUP TO SURVEY COMPLETED ON

LSC

DATE

DATE

LSC

**REVIEWED BY** 

**REVIEWED BY** 

CMS RO

3/14/2019

STATE AGENCY

TITLE

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

LSC

YES NO

DATE

DATE