POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
IDENTIFICATION NUMBER	A. Building				
345389 _{Y1}	B. Wing	Y2	4/24/2019	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
THE LAURELS OF FOREST GLEN	IN	1101 HARTWELL STREET			
		GARNER, NC 27529			

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).

ITEI	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0558 483.10(e)(3)	Correction Completed 04/12/2019	ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 04/12/2019	ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 04/12/2019
ID Prefix	F0849 483.70(o)(1)-(4)	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		04/12/2019	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATURE	E OF SURVEYOR	<u> </u>	DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/15/2019		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						