POST-CERTIFICATION REVISIT REPORT

			DATE OF REVISIT	
	A. Building		4/04/0040	
345294 _{Y1}	B. Wing	Y2	4/24/2019	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN CARE OF SHALLOTTE		237 MULBERRY STREET		
		SHALLOTTE, NC 28459		

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).

ITE	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0759 483.45(f)(1)	Correction Completed 03/01/2019	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed	ID Prefix Reg. # LSC		Correction 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. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC					
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. #		Completed
ID Prefix Reg. #		Correction	ID Prefix Reg. #		Correction	ID Prefix		Correction Completed
LSC			LSC					
REVIEWED BY REVIEWED BY (INITIALS)		DATE	SIGNATURE O	F SURVEYOR	1	DATE		
REVIEWE CMS RO		REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/9/2019				CK FOR ANY UNCORRE				
Form CMS - 2567B (09/92) EF (11/06)			•	Page 1 of 1		EVENT	ID: OUD912	