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NAME OF FACILITY ACCORDIUS HEALTH AT MIDWOOD, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE 2727 SHAMROCK DRIVE CHARLOTTE, NC 28205  This report is completed by a qualified State surveyor for the Medicare, Medical and ofor 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 late of each requirement on the survey report form).  TIEM DATE TIEM DATE Y4 Y5 Y4 Y4 Y5  ID Prefix F0576 Correction ID Prefix F0687 Correction ID Prefix Correction Reg. # 483.10(g)(6)(9) Completed Reg. # 483.25(f(r)) Completed LSC 11/02/2019 LSC 11/02/2019 LSC  TID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed LSC	0.4500.4	D Wina						11/13/2019
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Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY STATE AGENCY

REVIEWED BY

CMS RO

10/5/2019

REVIEWED BY

**REVIEWED BY** 

(INITIALS)

(INITIALS)

DATE

DATE

TITLE

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO

DATE

DATE