		POST	-CERT	IFICATIO	N REVISIT RI	EPORT				
	R / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION						DATE OF REVISIT		
IDENTIFICATION NUMBER 345482		A. Building B. Wing				11/14/2019 <sub>Y3</sub>				
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
BROOKDALE CARRIAGE CLUB PROVIDENCE					5804 OLD PROVIDENCE ROAD					
					CHARLOTTE, NC 28226					
program, corrected provision	ort is completed by a quato show those deficienced and the date such corresponding to the identification of th	ies previously rep ective action was	orted on the accomplishe	CMS-2567, Stater d. Each deficiency	ment of Deficiencies and should be fully identified	d Plan of Cor ed using eith	rection, that have er the regulation o	been or LSC		
ITEM		DATE	DATE ITEM		DATE ITEM			DATE		
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0565	Correction	ID Prefix	F0577	Correction	ID Prefix	F0761		Correction	
Reg.#	483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. #	483.10(g)(10)(11)	Completed	Reg. #	483.45(g)(h)(1)(2)		Completed	
LSC		11/07/2019 	LSC		11/07/2019	LSC			11/07/2019	
ID Prefix	F0804	Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#	483.60(d)(1)(2)	Completed	Reg. #		Completed	Reg. #			Completed	
LSC		11/07/2019	LSC			LSC				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	
LSC		<del>_</del>	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	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	

**REVIEWED BY** REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON

LSC

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

LSC

10/10/2019

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

LSC

YES NO