POST-CERTIFICATION REVISIT REPORT									
PROVIDE	R / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION						DATE OF REVISIT	
	CATION NUMBER	A. Building	· ·						
345518	Y1	B. Wing					Y2	11/27/2019	Y3
NAME OF	FACILITY				STREET ADDRESS, CIT	Y, STATE, ZIF	CODE		
INN AT C	UAIL HAVEN VILLAGE		155 BLAKE BOULEVARD						
PINEHURST, NC 28374									
provision	d and the date such corre number and the identific ey report form).		•	•	•	•	•		
ITEM		DATE	ITEM		DATE	ITEM		DA	TE
Y4		Y5	Y4		Y5	Y4		`	′ 5
ID Prefix	F0578	Correction	ID Prefix	F0641 483.20(g)	Correction	ID Prefix	F0657 483.21(b)(2)(i)-(iii)	Cor	rection
Reg. #	483.10(c)(6)(8)(g)(12)(i)- (v)	Completed	Reg. #	+05.20(g)	Completed	Reg. #	703.2 1(D)(Z)(I)-(III)	Cor	npleted
LSC		11/19/2019	LSC		11/19/2019	LSC		11/1	9/2019