POST-CERTIFICATION REVISIT REPORT

				DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building				
345385 _{Y1}	B. Wing	Y2	11/20/2019	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
CARDINAL HEALTHCARE AND RE	EHAB	931 N ASPEN STREET			
		LINCOLNTON, NC 28092			

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	F0656 483.21(b)(1)	Correction Completed 10/07/2019	ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(iii)	Correction Completed	ID Prefix Reg. # LSC	F0684 483.25	Correction Completed 10/07/2019
ID Prefix	F0693	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC	483.25(g)(4)(5)	Completed 10/07/2019	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix Reg. #		Correction Completed	ID Prefix Reg. #		Correction Completed	ID Prefix Reg. #		Correction
LSC			LSC			LSC		
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 O	F SURVEYOR	<u> </u>	DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/11/2019		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						