ID Prefix

Reg.#

ID Prefix

Reg.#

ID Prefix

Reg. #

LSC

LSC

LSC

F0658

483.21(b)(3)(i)

Correction

Completed

12/18/2019

Correction

Completed

Correction

Completed

ID Prefix

Reg.#

ID Prefix

Reg.#

ID Prefix

Reg. #

LSC

LSC

LSC

POST-CERTIFICATION REVISIT REPORT										
PROVIDE	R / SUPPLIER / CLIA /	MULTIPLE CONS	ULTIPLE CONSTRUCTION						DATE OF REVISIT	
IDENTIFICATION NUMBER A. Building										
345011	,	B. Wing					Y2	1/22/2020	Y3	
NAME OF	FACILITY				STREET ADDRESS, CIT	Y, STATE, ZII	CODE			
ACCORDIUS HEALTH AT LEXINGTON					279 BRIAN CENTER DR	RIVE				
LEXINGTON, NC 27292										
•	ey report form).				S-2567 (prefix codes sho	1				
ITEM		DATE	ITEM		DATE	ITEM		DA	TE	
Y4		Y5	Y4		Y5	Y4		,	/ 5	
ID Prefix	F0561	Correction	ID Prefix	F0641	Correction	ID Prefix	F0657	Сог	rection	
Reg.#	483.10(f)(1)-(3)(8)	Completed	Reg. #	483.20(g)	Completed	Reg.#	483.21(b)(2)(i)-(iii)	Cor	npleted	
LSC		12/18/2019	LSC		12/18/2019	LSC		12/1	8/2019	

Correction

Completed

Correction

Completed

Correction

Completed

ID Prefix

Reg.#

ID Prefix

Reg. #

ID Prefix

Reg. #

LSC

LSC

LSC

Correction

Completed

Correction

Completed

Correction

Completed