		POS1	<b>-CERT</b>	TIFICATIO	N REV	ISIT R	EPORT					
	PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building B. Wing									DATE OF REVISIT  y2 3/23/2020 y3		
NAME OF	FACILITY	•			STREET A	DDRESS, CIT	ΓΥ, STATE, ZII	P CODE				
AUTUM	N CARE OF CORNELIUS		19530 MOUNT ZION PARKWAY									
					CORNELI	JS, NC 28031						
program corrected provision	ort is completed by a qua to show those deficience and the date such corre number and the identific ey report form).	ies previously repective action was	orted on the accomplishe	CMS-2567, State d. Each deficiend	ement of Def cy should be	iciencies and fully identifie	d Plan of Cor ed using eith	rection, that hav er the regulation	e been or LSC			
ITE	M	DATE	ITEM	ITEM		DATE			DATE			
Y4	<b>.</b>	Y5	Y4			Y5	Y4			Y5		
ID Prefix	F0550	Correction	ID Prefix	F0585	C	Correction	ID Prefix	F0656		Corre	ction	
Reg.#	483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. #	483.10(j)(1)-(4)	C	Completed	Reg. #	483.21(b)(1)		_ _ Comp	leted	
LSC		03/06/2020	LSC		0	3/06/2020	LSC			03/06/2	2020	
ID Prefix	F0677	Correction	ID Prefix	F0812	C	Correction	ID Prefix			Corre	ction	
Reg.#	483.24(a)(2)	Completed	Reg.#	483.60(i)(1)(2)	c	Completed	Reg. #			_ _ Comp	leted	
LSC		03/06/2020	LSC		0	3/06/2020	LSC	-		_		
ID Prefix		Correction	ID Prefix		C	Correction	ID Prefix			Corre	ction	
Reg.#		Completed	Reg. #			Completed	Reg. #			Comp	leted	
LSC			LSC				LSC					
ID Prefix		Correction	ID Prefix		0	Correction	ID Prefix			Corre	ction	
Rea.#		Completed	Rea.#			Completed	Reg.#			Comp	leted	

LSC			LSC		LSC			
REVIEWED BY STATE AGENCY		REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE		
REVIEWED BY CMS RO		REVIEWED BY (INITIALS)	DATE	TITLE		DATE		
FOLLOWUP TO SURVEY COMPLETED ON 2/13/2020			CHECK FOR UNCORRECT	YES NO				

LSC

Correction

Completed

**ID** Prefix

Reg.#

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

LSC

ID Prefix

Reg.#

LSC

Correction

Completed

**ID** Prefix

Reg. #

Correction

Completed