POST-CERTIFICATION REVISIT REPORT

					ILIC	AHOI	N KE	VISII RE	FURI		_	
PROVIDER IDENTIFIC	TRUCTION							DATE OF REVISIT				
345115								12/17/2020 _{Y3}				
NAME OF	FACILITY						STREE	T ADDRESS, CIT	Y, STATE, ZIF			
	IUS HEALTH A	T SALISB	URY					ATESVILLE BOUL				
							SALISBURY, NC 28144					
program, corrected provision	to show those o	leficiencie uch correc	ried State survey s previously repo tive action was a tion prefix code p	orted on the ccomplished	CMS-25 d. Each	667, Staten deficiency	nent of D	eficiencies and be fully identifie	Plan of Cor d using eithe	rection, that hav er the regulation	e been or LSC	
ITEM			DATE ITEM					DATE ITEM				DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0567		Correction	ID Prefix	F0600			Correction	ID Prefix	F0607		Correction
Reg.#	483.10(f)(10(i)(ii)		Completed	Reg. #	483.12(a)(1)		Completed	Reg.#	483.12(b)(1)-(3)		Completed
LSC			- 11/27/2020 -	LSC				11/27/2020	LSC			11/27/2020
ID Prefix	F0755		Correction	ID Prefix				Correction	ID Prefix			Correction
Reg.#	483.45(a)(b)(1)-(3)	Completed	Reg. #				Completed	Reg.#			Completed
LSC			11/27/2020	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
LSC			_	LSC					LSC			-
ID Prefix) Prefix		Correction	ID Prefix				Correction	ID Prefix			Correction
Reg.#	j.# Completed			Reg. #				Completed	Reg.#			Completed
LSC				LSC					LSC			
REVIEWED BY STATE AGENCY (INITIALS)			DATE		SIGNATUR	SIGNATURE OF SURVEYOR				DATE		
REVIEWEI	D ВҮ	REVIEW (INITIAL				TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF								

11/17/2020

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

YES NO