POST-CERTIFICATION REVISIT REPORT

			<u> </u>	-CERT	IFICATION	A VEAISH VI	LPORT			
PROVIDER / SUPPLIER / CLIA / MULTIPLE COI IDENTIFICATION NUMBER A. Building				STRUCTION					DATE OF REVISIT	
345526 Y ₁ B. Wing								Y2	5/26/20	21 _{Y3}
NAME OF	FACILITY	,	L			STREET ADDRESS, CIT	Y, STATE, ZIP		<u> </u>	
			TER OF BURKE			3647 MILLER BRIDGE ROAD				
				CONNELLY SPG, NC 28612						
program, corrected	to show and the number	those of date su and the	by a qualified State surveyor deficiencies previously repo uch corrective action was a de identification prefix code p	rted on the ccomplished	CMS-2567, Statem d. Each deficiency	nent of Deficiencies and should be fully identifie	d Plan of Corred using eithe	ection, that have r the regulation o	r LSC	
ITEM			DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	F0684		Correction	ID Prefix	F0880	Correction	ID Prefix			Correction
Reg.#	483.25		Completed	Reg. #	483.80(a)(1)(2)(4)(e)(f) Completed	Reg.#			Completed
LSC			05/09/2021	LSC		05/09/2021	LSC			
	•		<u> </u>							
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			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			·	
REVIEWED BY STATE AGENCY			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWED BY CMS RO			REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWU 4/15/2021		RVEY C	OMPLETED ON			RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			□ yes	