POST-CERTIFICATION REVISIT REPORT											
PROVIDER / SUPPLIER / CLIA /	DATE OF REVISIT										
IDENTIFICATION NUMBER	A. Building B. Wing				6/8/2021						
345307	Y1 D. Willig			Y2	0/0/2021 _{Y3}						
NAME OF FACILITY			STREET ADDRESS, CIT	Y, STATE, ZIP CODE							
THE IVY AT GASTONIA LLC											
			GASTONIA, NC 28056								
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).											
ITEM	DATE	ITEM	DATE	ITEM	DATE						
Y4	Y5	Y4	Y5	Y4	Y5						
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ITE	M		DATE	ITEM			DATE	ITEM			DATE
Y4			Y5	Y4			Y5	Y4			Y5
ID Prefix	F0561	Cor	rection	ID Prefix	F0602		Correction	ID Prefix	F0679		Correction
Reg.#	483.10(f)(1)-(3)(8	3) Con	npleted	Reg.#	483.12		Completed	Reg.#	483.24(c)(1)		Completed
LSC			9/2021	LSC			 05/29/2021 	LSC			05/29/2021
ID Prefix	F0759	Con	rection	ID Prefix	F0880		Correction	ID Prefix	F0921		Correction
D "	483.45(f)(1)			_ "	483.80(a)(1)(2)(4)(e)(f)	_		483.90(i)		
Reg. # LSC			npleted 9/2021	Reg. # LSC			Completed - 05/29/2021	Reg. # LSC			Completed 05/29/2021
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LSC				LSC			_	LSC			
ID Prefix	-	Cor	rection	ID Prefix			Correction	ID Prefix	-		Correction
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LSC				LSC			_	LSC			
REVIEWE STATE AG		REVIEWED BY (INITIALS)	,	DATE		SIGNATURE OF S	SURVEYOR			DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	,	DATE		TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/22/2021			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					YES	в 🔲 по		
Form CMS - 2567B (09/92) EF (11/06)			•		Page 1 of 1			EVENT ID:	ISNR12		