POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
	A. Building			
345149 _{Y1}	B. Wing	Y2	7/2/2021	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDIUS HEALTH AT WINSTON SALEM		4911 BRIAN CENTER LANE		
		WINSTON-SALEM, NC 27106		

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).

ITEN	И	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0554 483.10(c)(7)	Correction Completed 07/02/2021	ID Prefix Reg. # LSC	F0558 483.10(e)(3)	Correction Completed 07/02/2021	ID Prefix Reg. # LSC	F0577 483.10(g)(10)(11)	Correction Completed 07/02/2021
ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 07/02/2021	ID Prefix Reg. # LSC	F0695 483.25(i)	Correction Completed 07/02/2021	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 5/13/2021			TITLE CK FOR ANY UNCORR	OF SURVEYOR			s 🗆 no	