POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345179 _{Y1}	B. Wing	Y2	8/24/2021	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
ACCORDIUS HEALTH AT MOORE	ESVILLE	752 E CENTER AVENUE						
		MOORESVILLE, NC 28115						

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).

ITE	EM	DATE	ITEM		DATE	ITEM		DATE
Y4	1	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0554	Correction	ID Prefix	F0558	Correction
Reg.#	483.10(a)(1)(2)(b)(1)(2)	 Completed	Reg. #	483.10(c)(7)	Completed	Reg. #	483.10(e)(3)	Completed
LSC		07/26/2021	LSC		07/26/2021	LSC		07/26/2021
ID Prefix	F0561	Correction	ID Prefix	F0567	Correction	ID Prefix	F0578	Correction
Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg.#	483.10(f)(10(i	(i)(ii) Completed	Reg.#	483.10(c)(6)(8)(g)(12 (v))(i)- Completed
LSC		07/26/2021	LSC		07/26/2021	LSC		07/26/2021
ID Prefix	F0584	Correction	ID Prefix	F0585	Correction	ID Prefix	F0657	Correction
Reg. #	483.10(i)(1)-(7)	Completed	Reg. #	483.10(j)(1)-(Reg. #	483.21(b)(2)(i)-(iii)	Completed
LSC		07/26/2021	LSC		07/26/2021	LSC		07/26/2021
ID Prefix	F0677	Correction	ID Prefix	F0686	Correction	ID Prefix	F0688	Correction
Reg.#	483.24(a)(2)	Completed	Reg.#	483.25(b)(1)(i)(ii) Completed	Reg.#	483.25(c)(1)-(3)	Completed
LSC	07/26/2021		LSC		07/26/2021	LSC		07/26/2021
ID Prefix	F0689	Correction	ID Prefix	F0693	Correction	ID Prefix	F0695	Correction
Reg. #	483.25(d)(1)(2)	Completed	Reg.#	483.25(g)(4)(5) Completed	Completed Reg. # 483.25(i)		Completed
LSC		07/26/2021 	LSC		07/26/2021	LSC		07/26/2021
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGI	NATURE OF SURVEYOR	SURVEYOR		DATE	
REVIEWE CMS RO	ED BY REVIEW		DATE	ТІТІ	.E		С	DATE

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345179 MULTIPLE CONSTRUCTION A. Building B. Wing						<u> </u>	F REVISIT					
NAME OF FACILITY ACCORDIUS HEALTH AT MOORESVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 752 E CENTER AVENUE MOORESVILLE, NC 28115					P CODE		Y3					
program, corrected provision	to show those d and the date su	eficiencie ich correc	ctive action was a	rted on the	CMS-25 d. Each	667, Staten deficiency	nent of D should I	eficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have l er the regulation or of each requireme	LSC	
ITE	И		DATE	ITEM			DATE ITEM					DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0725 483.35(a)(1)(2)		Correction	ID Prefix	F0759 483.45(t	f)(1)		Correction	ID Prefix	F0761 483.45(g)(h)(1)(2)		Correction
Reg.# LSC			Completed - 07/26/2021	Reg. # LSC				Ompleted 07/26/2021	Reg. # LSC			Ompleted 07/26/2021
ID Prefix	F0804		Correction	ID Prefix	F0806			Correction	ID Prefix	F0808		Correction
Reg.#	483.60(d)(1)(2)		Completed	Reg.#	483.60(d)(4)(5)			Completed	Reg. #	483.60(e)(1)(2)		Completed
LSC			07/26/2021	LSC				07/26/2021	LSC			07/26/2021
ID Prefix	F0809		Correction	ID Prefix	F0812			Correction	ID Prefix	F0842		Correction
Reg.#	-		Completed 07/26/2021	Reg. # 483.60(i)(1)(2) LSC		Completed 07/26/2021	Reg. # 483.20(f)(5), 483 (5)		D(i)(1)-	Completed 07/26/2021		
				100				0172372021				0172072021
ID Prefix	-		Correction	ID Prefix	F0921			Correction				
Reg.# LSC			Completed - 07/26/2021	Reg. # 483.90(i) LSC		i)	Completed 07/26/2021					
			-									
REVIEWED BY REVIEWED BY			DATE SIGNATUR		RE OF SURVEYOR				DATE			
STATE AGENCY (INITIALS)												
REVIEWE	р вү	REVIEW (INITIAL		DATE		TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/25/2021		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?							s 🔲 no			