POST-CERTIFICATION REVISIT REPORT

PUST-CERTIFICATION REVISIT REPORT												
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS IDENTIFICATION NUMBER A. Building				TRUCTION							DATE OF REVISIT	
345541 A. Building B. Wing										Y2	9/14/20	21 _{Y3}
NAME OF	FACILITY						STREE	T ADDRESS, CIT	Y, STATE, ZIP	CODE	1	
OLDE KN	OX COMMONS	S AT THE \	VILLAGES OF M	ECKLENBURG			13825 HUNTON LANE					
				HUNTERSVILLE, NC 28078								
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	DATE ITEM			DATE ITEM					DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0563		Correction	ID Prefix	F0677			Correction	ID Prefix	F0761		Correction
Reg.#	483.10(f)(4)(ii)-(v)	Completed	Reg.#	483.24(a)(2)		Completed	Reg. #	483.45(g)(h)(1)(2)		Completed
LSC			09/09/2021	LSC				09/09/2021	LSC			09/09/2021
ID Prefix	F0880		Correction	ID Prefix				Correction	ID Prefix			Correction
Dog #	483.80(a)(1)(2)(4)(e)(f)		Camandatad	Dog #				Camanlatad	Reg.#			Camandatad
Reg. # LSC	"		Completed - 09/09/2021	Reg. # LSC				Completed	LSC			Completed
			-	150					100			
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction
Reg.#			Completed	Reg.#				Completed	Reg. #			Completed
LSC			<u>.</u>	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 (INITIALS)			DATE SIGNA		SIGNATUR	JRE OF SURVEYOR				DATE		
REVIEWED BY REVIEWED CMS RO (INITIALS				DATE		TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON				CHE	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF							

7/29/2021

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

YES NO