POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION A. Building		DATE OF REVISIT	
	B. Wing	Y2	7/11/2023	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
MONROE REHABILITATION CENTER		1212 SUNSET DRIVE EAST		
		MONROE, NC 28112		

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).

м	DATE	ITEM		DATE	ITEM		DATE
	Y5	Y4		Y5	Y4		Y5
F0580 483.10(g)(14)(i)-(i	v)(15) Completed 07/06/2023	ID Prefix Reg. # LSC	F0803 483.60(c)(1)-(7)	Correction Completed 07/06/2023	ID Prefix Reg. # LSC	F0804 483.60(d)(1)(2)	Correction Completed 07/06/2023
F0805 483.60(d)(3)	Correction Completed 07/06/2023	ID Prefix Reg. # LSC	F0842 483.20(f)(5), 483.70(i)(1)- (5)	Correction Completed 07/06/2023	ID Prefix Reg. # LSC		Correction Completed
	Correction Completed	ID Prefix Reg. # LSC		Correction	ID Prefix Reg. # LSC		Correction Completed
	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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