

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345261	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/22/2024	Y3
NAME OF FACILITY LOTUS VILLAGE CENTER FOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0561	Correction	ID Prefix F0578	Correction	ID Prefix F0622	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.15(c)(1)(i)(ii)(2)(i)-(iii)	Completed
LSC	05/04/2024	LSC	05/04/2024	LSC	05/04/2024
ID Prefix F0641	Correction	ID Prefix F0644	Correction	ID Prefix F0656	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	05/04/2024	LSC	05/04/2024	LSC	05/04/2024
ID Prefix F0677	Correction	ID Prefix F0688	Correction	ID Prefix F0690	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	05/04/2024	LSC	05/04/2024	LSC	05/04/2024
ID Prefix F0695	Correction	ID Prefix F0700	Correction	ID Prefix F0725	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	05/04/2024	LSC	05/04/2024	LSC	05/04/2024
ID Prefix F0761	Correction	ID Prefix F0867	Correction	ID Prefix F0883	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed	Reg. # 483.80(d)(1)(2)	Completed
LSC	05/04/2024	LSC	05/04/2024	LSC	05/04/2024

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345261	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/22/2024	Y3
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	F0887	Correction			
Reg. #	483.80(d)(3)(i)-(vii)	Completed			
LSC		05/04/2024			

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/22/2024			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		