POST-CERTIFICATION REVISIT REPORT											
PROVIDE	MULTIPLE CONS	TRUCTION						DATE O	F REVISIT		
IDENTIFICATION NUMBER A. Building										7/3/202	4
345172 _{Y1} B. Wing									Y2	1131202	4 Y3
NAME OF FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE					CODE		
MERIDIAN CENTER				707 NORTH ELM STREET							
						HIG	H POINT, NC 27262				
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 ITEM				DATE	ITEM DATE			DATE
Y4			Y5	Y4			Y5	Y4	4 Y5		
ID Prefix	F0561		Correction	ID Prefix	F0609		Correction	ID Prefix	F0677		Correction
Reg.#	483.10(f)(1)-(3)(8	()	Completed	Reg. #		b)(5)(i)(A)(B)(c)	Completed	Reg.#	483.24(a)(2)		Completed
_			- 06/14/2024		(1)(4)		— 06/14/2024	LSC			06/14/2024
LSC				LSC							00/14/2024
ID Prefix	F0689		Correction	ID Prefix	F0695		Correction	ID Prefix	F0867		Correction
	483.25(d)(1)(2)		_		483.25(i)	_		483 75(c)(d)(a)(g)(3)/i\/ii\	
Reg.#	403.23(d)(1)(2)		Completed	Reg. #	403.23(')	Completed	Reg. #	483.75(c)(d)(e)(g)(2	-)(')('')	Completed
LSC			06/14/2024	LSC			06/14/2024	LSC			06/14/2024
			_					-			
ID Prefix			Correction -	ID Prefix			Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg.#			Completed
LSC			- '	LSC			_ ' '	LSC	-		
				1200							
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				Completed	Completed Reg. #			Completed	
		-					_			Jonipiolou	
LSC			_	LSC				LSC			
REVIEWED BY STATE AGENCY (INITIALS)				DATE		SIGNATURE OF	SURVEYOR			DATE	
REVIEWED BY REV			/ED BY	DATE		TITLE				DATE	

5/17/2024

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO