POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345489 _{Y1}	B. Wing	Y2	8/2/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
SATURN NURSING & REHABILITATION		1930 WEST SUGAR CREEK ROAD		
		CHARLOTTE, NC 28262		

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
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0554	Correction	ID Prefix	F0607	Correction
Reg. #	483.10(a)(1)(2)(b)(1)(2) Completed	Reg.#	483.10(c)(7)	Completed	Reg.#	483.12(b)(1)-(5)(ii)(iii)	Completed
LSC		07/25/2024	LSC		07/25/2024	LSC		07/18/2024
ID Prefix	F0641	Correction	ID Prefix	F0679	Correction	ID Prefix	F0684	Correction
Reg.#	483.20(g)	Completed	Reg. #	483.24(c)(1)	Completed	Reg. #	483.25	Completed
LSC		07/25/2024	LSC		07/18/2024	LSC		07/25/2024
ID Prefix	F0686	Correction	ID Prefix	F0732	Correction	ID Prefix	F0758	Correction
Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.35(g)(1)-(4)	Completed	Reg. #	483.45(c)(3)(e)(1)-(5)	Completed
LSC		07/25/2024	LSC		07/25/2024	LSC		07/25/2024
ID Prefix	F0761	Correction	ID Prefix	F0804	Correction	ID Prefix	F0809	Correction
Reg. #	483.45(g)(h)(1)(2)	Completed	Reg.#	483.60(d)(1)(2)		Reg.#	483.60(f)(1)-(3)	Completed
LSC		07/25/2024	LSC		07/25/2024	LSC		07/25/2024
ID Prefix	F0812	Correction	ID Prefix	F0814	Correction	ID Prefix	F0842	Correction
Reg.#	483.60(i)(1)(2)	Completed	Reg.#	483.60(i)(4)	(4) Completed	Reg. #	483.20(f)(5), 483.70(i)(1 (5))- Completed
LSC		07/25/2024	LSC		07/25/2024	LSC		07/25/2024
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE (OF SURVEYOR	1	DA	ΓE	
REVIEWED BY CMS RO (INITIALS)		DATE	TITLE			DA	TE .	

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS IDENTIFICATION NUMBER A. Building				TRUCTION					DATE OF REVISIT		
345489		Y1	B. Wing					Y2 8	3/2/2024	Y3	
NAME OF	FACILITY					STREET ADDRESS, CI	TY. STATE, ZIP CODE				
NAME OF FACILITY						1930 WEST SUGAR CF					
SATURN NURSING & REHABILITATION			CHARLOTTE, NC 28262								
						CHARLOTTE, NC 2020					
program, corrected provision	to show those I and the date	deficienc such corre ne identific	ies previously repo ective action was a	orted on the CMS accomplished. Ea	6-2567, Stater ach deficiency	and/or Clinical Laborato nent of Deficiencies an or should be fully identifi 2567 (prefix codes sho	d Plan of Correction, ed using either the re	that have be gulation or L	.SC		
ITE	М		DATE	ITEM		DATE	ITEM	DATE		TE	
Y4			Y5	Y4		Y5	Y4		<u> </u>	′ 5	
ID Prefix	F0880		Correction								
	483.80(a)(1)(2)	(4)(e)(f)									
Reg. #			Completed								
LSC			07/25/2024								
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