			POST	-CERT	IFICA	TION R	EVISIT R	EPORT	•		
PROVIDER / SUPPLIER / CLIA / MULTIPLE CO IDENTIFICATION NUMBER A. Building				STRUCTION							F REVISIT
345126 _{Y1} B. Wing									Y2	11/6/20	124 _{Y3}
NAME OF	FACILITY					EET ADDRESS, CIT		CODE			
MOUNT	OLIVE CENTER		228 SMITH CHAPEL ROAD								
						I MOL	JNT OLIVE, NC 283	65			
program, corrected provision	ort is completed by to show those de d and the date suc number and the i ey report form).	ficiencie h correc	es previously repositive action was a	orted on the accomplished	CMS-256 d. Each d	7, Statement o	of Deficiencies and ald be fully identifie	d Plan of Cored using eithe	rection, that have er the regulation o	r LSC	
ITEM			DATE	ITEM			DATE	ITEM		DATE	
Y4		Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0580		Correction	ID Prefix	F0684		Correction	ID Prefix	F0685		Correction
Reg.#	483.10(g)(14)(i)-(iv)(15)	Completed	Reg. #	483.25		Completed	Reg.#	483.25(a)(1)(2)		Completed
LSC			10/15/2024	LSC			10/15/2024	LSC			10/15/2024
ID Prefix	F0725		Correction	ID Prefix	F0842		Correction	ID Prefix			Correction
Reg.#	483.35(a)(1)(2)		- Completed	Reg. #	483.20(f)(5)	5), 483.70(h)	Completed	Reg.#			Completed
LSC			10/15/2024	LSC			10/15/2024	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			-
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #			Completed	Reg. #			Completed
LSC			_	LSC				LSC			-
REVIEWED BY REVIEWED BY			/ED BY	DATE	DATE SIGNATURE OF SURVEYOR					DATE	

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

(INITIALS)

REVIEWED BY

STATE AGENCY

REVIEWED BY

CMS RO

10/3/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

TITLE

DATE

YES NO

DATE