POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345331 _{Y1}	B. Wing	Y2	11/15/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
SARDIS OAKS		5151 SARDIS ROAD		
		CHARLOTTE, NC 28270		

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).

ITE	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0584 483.10(i)(1)-(7)	Correction Completed 10/25/2024	ID Prefix Reg. # LSC	F0677 483.24(a)(2)	Correction Completed 10/25/2024	ID Prefix Reg. # LSC	F0689 483.25(d)(1)(2)	Correction Completed 10/25/2024
ID Prefix Reg. # LSC	F0693 483.25(g)(4)(5)	Correction Completed 10/25/2024	ID Prefix Reg. # LSC	F0695 483.25(i)	Correction Completed 10/25/2024	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed 10/25/2024
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)	Correction (e)(f) Completed 10/25/2024	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 9/27/2024			TITLE CK FOR ANY UNCORR	OF SURVEYOR ECTED DEFICIENCIES CIES (CMS-2567) SEN			ATE	