POST-CERTIFICATION REVISIT REPORT										
IDENTIFIC	R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CON: A. Building B. Wing							DATE OF REVISIT 11/20/2024	
345281	Y	b. Willig						Y2	11/20/2024	Y3
NAME OF	FACILITY			STREE	T ADDRESS, CI	ΓY, STATE, ZII	CODE			
STANLY MANOR				625 BETHANY CHURCH ROAD						
					ALBEN	ALBEMARLE, NC 28001				
•	n number and the identificy report form).	DATE	previously s		,MIS-2567 (р	DATE	wn to the left	οτ eacn requiren	nent on	
Y4		Y5	Y4			Y5	Y4		Y5	
ID Prefix Reg. #	F0583 483.10(h)(1)-(3)(i)(ii)	Correction Completed	ID Prefix	F0684 483.25		Correction	ID Prefix Reg. #	F0685 483.25(a)(1)(2)		ection pleted
100		11/15/2024	100			11/15/2024	1.60		11/15	10004