		POST	-CERT	IFICATION	REVISIT RI	EPORT			
	ER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION						DATE OF REVISIT	
IDENTIFICATION NUMBER 345389 Y1		A. Building B. Wing			,			9/23/2021 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
THE LAURELS OF FOREST GLENN					1101 HARTWELL STREET				
				G	GARNER, NC 27529				
program corrected provision	ort is completed by a qua , to show those deficienced d and the date such corn n number and the identific ey report form).	cies previously reprective action was	orted on the accomplishe	CMS-2567, Statemer d. Each deficiency sh	nt of Deficiencies and rould be fully identifie	d Plan of Coled using eith	rection, that ha er the regulatio	ave been on or LSC	
ITEM Y4		DATE	ITEM		DATE	ITEM			DATE
		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0624	Correction	ID Prefix	F0677	Correction	ID Prefix	F0684		Correction
.2						1.5	483.25		_
Reg. #	483.15(c)(7)	Completed	Reg.#	483.24(a)(2)	Completed	Reg.#	403.23		Completed
LSC		09/01/2021	LSC		09/01/2021	LSC			09/01/2021
ID Prefix	F0686	Correction	ID Prefix	F0842	Correction	ID Prefix			Correction
Reg.#	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.20(f)(5), 483.70(i)(1)- Completed	Reg. #			Completed
LSC		09/01/2021	LSC	(0)	09/01/2021	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** DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

ID Prefix

Reg.#

LSC

Correction

Completed

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

ID Prefix

Reg. #

8/11/2021

LSC

ID Prefix

Reg. #

LSC

Correction

Completed

YES NO

Correction

Completed