				POST	-CERT	IFICATIO	N REVISIT RI	EPORT				
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS					STRUCTION					DATE O	F REVISIT	
IDENTIFICATION NUMBER  345318  A. Building  B. Wing									Y2	9/22/20	21 <sub>Y3</sub>	
NAME OF	FACILIT		- 11				STREET ADDRESS, CIT	Y STATE ZIP COD			13	
			RSING CI	ENTER			1478 RIVER ROAD	1,01/(12,211 00)	· <b>L</b>			
							WINNABOW, NC 28479					
program, corrected	to show and the number	those of date so and the	deficiencie uch correc	es previously rep ctive action was a	orted on the accomplishe	CMS-2567, Stater d. Each deficiency	and/or Clinical Laborato ment of Deficiencies and y should be fully identifie -2567 (prefix codes show	I Plan of Correction during either the	n, that have regulation o	r LSC		
ITEM				DATE			DATE	DATE ITEM			DATE	
Y4				Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0727			Correction	ID Prefix	F0730	Correction	ID Prefix			Correction	
Reg.#	483.35(b	)(1)-(3)		Completed	Reg.#	483.35(d)(7)	Completed	Reg.#			Completed	
LSC				08/18/2021	LSC		08/18/2021	LSC —				
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REVIEWEI STATE AG			REVIEWED BY (INITIALS)		DATE	SIGNATU	RE OF SURVEYOR	<u> </u>		DATE		
REVIEWED BY CMS RO			REVIEWED BY (INITIALS)		DATE	TITLE	TITLE			DATE		
FOLLOWU 7/20/2021		RVEY C	OMPLETE	D ON			DRRECTED DEFICIENCIES IENCIES (CMS-2567) SEN			☐ YF	s 🗆 no	

7/20/2021

YES NO