POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT						
IDENTIFICATION NUMBER	A. Building								
345063 _{Y1}	B. Wing	Y2	12/14/2021	Y3					
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE							
ACCORDIUS HEALTH AT WILSO	N	1804 FOREST HILLS ROAD W							
		WILSON, NC 27893							
This report is completed by a quali	fied State survevor for the Medicare. Medicaid	and/or Clinical Laboratory Improvement Amendments							

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).

ITEM DATE		ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	F0684 483.25	Correction	ID Prefix	F0686	Correction	ID Prefix	F0725	Correction
Reg.#	403.25	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg.#	483.35(a)(1)(2)	Completed
LSC		12/03/2021	LSC		12/03/2021	LSC		12/03/2021
ID Prefix	F0727	Correction	ID Prefix	F0842	Correction	ID Prefix		Correction
Reg.#	483.35(b)(1)-(3)	Completed	Reg. #	483.20(f)(5), 483.70(i)(1)-	Completed	Reg.#		 Completed
LSC		12/03/2021	LSC	(5)	12/03/2021	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		_
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg.#		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC		_	LSC		– · –
REVIEWED BY STATE AGENCY (INITIALS)		DATE SIGNATURE OF SU		SURVEYOR	JRVEYOR			
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/4/2021			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?				ES NO	