POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345342 _{Y1}	B. Wing	Y2	12/13/2021	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
BIG ELM RETIREMENT AND NUR	SING CENTERS	1285 WEST A STREET		
		KANNAPOLIS NC 28081		

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	F0565 483.10(f)(5)(i)-(iv)(Correction (6)(7) Completed 11/20/2021	ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 11/20/2021	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed 11/20/2021
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)((e)(f) Correction (e)(f) Completed 11/20/2021	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
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG REVIEWE CMS RO FOLLOWU 10/29/202	BENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) MPLETED ON		SIGNATURE OF TITLE CK FOR ANY UNCORRECTED DEFICIENCI	CTED DEFICIENCIES			