		POST	-CERT	TFICATION	N REVISIT RI	EPORT	•			
	R / SUPPLIER / CLIA / CATION NUMBER		MULTIPLE CONSTRUCTION A. Building						DATE OF REVISIT	
345482	o, more recivilization	B. Wing					Y2	1/11/20	22 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
BROOKDALE CARRIAGE CLUB PROVIDENCE					5804 OLD PROVIDENCE ROAD					
					CHARLOTTE, NC 28226	3				
program, corrected provision	to show those deficient and the date such co	ncies previously reported in the properties are action was a	orted on the accomplishe	CMS-2567, Stater d. Each deficiency	and/or Clinical Laborato ment of Deficiencies and and should be fully identified 2567 (prefix codes show	d Plan of Cor ed using eith	rection, that have er the regulation o	r LSC		
ITEM		DATE	ITEM		DATE	ITEM			DATE	
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0604	Correction	ID Prefix	F0761	Correction	ID Prefix	F0801		Correction	
Reg.#	483.10(e)(1), 483.12(a) (2)	Completed	Reg.#	483.45(g)(h)(1)(2)	Completed	Reg. #	483.60(a)(1)(2)		Completed	
LSC	(=)	12/02/2021	LSC		12/02/2021	LSC			12/02/2021	
			+							
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				
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed	
LSC			LSC			LSC				
REVIEWED BY STATE AGENCY			DATE	DATE SIGNATURE OF SURVEYOR				DATE		

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

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

REVIEWED BY

CMS RO

11/5/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

DATE

YES NO

DATE