POST-CERTIFICATION REVISIT REPORT											
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER A. Building									DATE OF REVISIT		
	D Wing						Y2	2/22/20	022	Y3	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE						
TRINITY PLACE					24724 SOUTH BUSINESS 52						
					ALBEMARLE, NC 28001						
to show those deficient and the date such corr	cies previously reprective action was a	orted on the accomplishe	CMS-2567, State d. Each deficiend	ement of E by should	Deficiencies and be fully identifie	d Plan of Cored using eith	rection, that have er the regulation o	or LSC			
M	DATE	ITEM			DATE	ITEM			DATE		
	Y5	Y4			Y5	Y4			Y5		
F0600	Correction	ID Prefix	F0607		Correction	ID Prefix	F0637		Corre	ction	
483.12(a)(1)	Completed	Pog #	483.12(b)(1)-(3)		Completed	Pog #	483.20(b)(2)(ii)		Comp	lotod	
					•						
		LSC			- 01/13/2022	LSC			- 01/13/2	2022	
F0656	Correction	ID Prefix	F0686		Correction	ID Prefix	F0835		Corre	ction	
483.21(b)(1)	Completed	Reg. #	483.25(b)(1)(i)(ii)		Completed	Reg. #	483.70		Comp	leted	
	01/13/2022	LSC			01/13/2022	LSC			- 01/13/2 -	2022	
		15.5.6			0 11						
	Correction	ID Prefix			Correction	ID Prefix			Corre	ction	
	Completed	Reg. #			Completed	Reg. #			Comp	leted	
		LSC			-	LSC			-		
	Correction	ID Prefix			Correction	ID Prefix			Corre	ction	
									-		
	Completed				Completed				Comp	ieted	
	FACILITY PLACE  ort is completed by a quito show those deficien and the date such cornumber and the identificy report form).  M  F0600  483.12(a)(1)	R / SUPPLIER / CLIA / CATION NUMBER  PACITION NUMBER  FACILITY PLACE  PIT is completed by a qualified State survey to show those deficiencies previously repland the date such corrective action was a number and the identification prefix code by report form).  M DATE  Y5  F0600  Correction  483.12(a)(1)  Completed  01/13/2022  F0656  Correction  Completed  01/13/2022  Correction  Completed  01/13/2022	A Building B. Wing  FACILITY PLACE  PIT is completed by a qualified State surveyor for the Mit to show those deficiencies previously reported on the land the date such corrective action was accomplishe number and the identification prefix code previously styreport form).  M DATE ITEM Y5 Y4  F0600 Correction ID Prefix  Completed Reg. # 01/13/2022 LSC  F0656 Correction ID Prefix  Completed Reg. # LSC  Correction ID Prefix  Completed Reg. # LSC	R / SUPPLIER / CLIA / CATION NUMBER	R / SUPPLIER / CLIA / A. Building B. Wing  FACILITY PLACE  FACILITY PLACE  A Building B. Wing  STREE 24724 : ALBEM  It is completed by a qualified State surveyor for the Medicare, Medicaid and/or C to show those deficiencies previously reported on the CMS-2567, Statement of I and the date such corrective action was accomplished. Each deficiency should number and the identification prefix code previously shown on the CMS-2567 (proport form).  M DATE ITEM Y5 Y4  F0600 Correction ID Prefix F0607  Reg. # 483.12(a)(1) Completed Reg. # 483.25(b)(1)(i)(ii)  Completed Reg. # LSC  Correction ID Prefix F0686  Correction ID Prefix F0686  Reg. # LSC  Completed Reg. # LSC	MULTIPLE CONSTRUCTION A Building B. Wing  FACILITY PLACE  STREET ADDRESS, CIT 24724 SOUTH BUSINES ALBEMARLE, NC 28001  Int is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laborator to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and the date such corrective action was accomplished. Each deficiency should be fully identific number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the property of the management of the fully identific number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identific number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identific number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identification prefix of the fully identification prefix code previously shown on the CMS-2567 (prefix codes shown to the complete of the fully identification prefix of the fu	MULTIPLE CONSTRUCTION A. Building B. Wing  FACILITY PLACE  FACILITY PLACE  STREET ADDRESS, CITY, STATE, ZIF 24724 SOUTH BUSINESS 52 ALBEMARLE, NC 28001  ort is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvem to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Cor and the date such corrective action was accomplished. Each deficiency should be fully identified using eith number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left by report form).  M DATE ITEM V4 Y5 Y4  F0600 Correction ID Prefix F0607 Correction ID Prefix Reg. # 483.12(a)(1) Completed Reg. # 483.12(b)(1)(1)(3) Completed Reg. #  01/13/2022 LSC  F0656 Correction ID Prefix F0686 Correction ID Prefix 483.21(b)(1) Completed Reg. # 483.25(b)(1)(i)(ii) Completed Reg. #  01/13/2022 LSC  Correction ID Prefix Correction ID Prefix Correction ID Prefix 483.21(b)(1) Completed Reg. # Completed Reg. # LSC 483.25(b)(1)(1)(1)(1)(1) Completed Reg. # Completed Reg. # LSC 483.25(b)(1)(1)(1)(1)(1)(1) Completed Reg. # Completed Reg. # LSC 483.25(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	R / SUPPLIER / CLIA / AB Building B. Wing	A Building	DATE OF REVISED	

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

FOLLOWUP TO SURVEY COMPLETED ON

**ID Prefix** 

Reg.#

REVIEWED BY STATE AGENCY

**REVIEWED BY** 

CMS RO

12/16/2021

LSC

TITLE

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

**ID Prefix** 

Reg.#

DATE

DATE

LSC

Correction

Completed

REVIEWED BY

REVIEWED BY

(INITIALS)

(INITIALS)

**ID Prefix** 

Reg. #

LSC

Correction

Completed

YES NO

DATE

DATE

Correction

Completed