POST-CERTIFICATION REVISIT REPORT

PROVIDER IDENTIFIC 345325			LIA / MULTIPLE CON A. Building B. Wing	THOUTION				DATE OF REVISIT 4/7/2022 y2	
NAME OF			'	STREET ADDRESS, CITY, STATE, ZIP CODE 711 SUSAN TART ROAD DUNN, NC 28335			12		
program, corrected	to show and the number	those d date su and the	by a qualified State surve eficiencies previously rep ch corrective action was identification prefix code	orted on the CM accomplished. E	S-2567, Statement ach deficiency sho	of Deficiencies and uld be fully identifie	d Plan of Correction, ed using either the re	that have been gulation or LSC	
ITEN	И		DATE	ITEM		DATE	ITEM		DATE
Y4			Y5	Y4		Y5	Y4		Y5
ID Prefix	F0688		Correction	ID Prefix F0	761	Correction	ID Prefix		Correction
Reg.#	483.25(0	:)(1)-(3)	Completed	Reg. #	3.45(g)(h)(1)(2)	Completed	Reg. #		Completed
LSC			03/10/2022	LSC _		03/10/2022	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		-
ID Prefix Correction			Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # Completed			Reg. #		Completed	Reg. #		Completed	
LSC			LSC		_	LSC		-	
REVIEWEI			REVIEWED BY (INITIALS)	DATE	SIGNATURE O	F SURVEYOR	l	DATE	
REVIEWED	D BY		REVIEWED BY (INITIALS)	DATE	TITLE			DATE	