POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building		DATE OF REVISIT							
	3		4/00/0000							
345294 _{Y1}	B. Wing	Y2	4/20/2022	Y3						
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE								
AUTUMN CARE OF SHALLOTTE		237 MULBERRY STREET								
		SHALLOTTE, NC 28459								
This report is completed by a qualified State surveyor 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		D	ATE	ITEM			DATE	ITEM			DATE
Y4			Y5	Y4			Y5	Y4			Y5
ID Prefix Reg. #	F0584 483.10(i)(1)-(7)		ection	ID Prefix Reg. #	F0692 483.25(g	g)(1)-(3)	Correction Completed	ID Prefix Reg. #	F0695 483.25(i)		Correction Completed
LSC		03/29	/2022	LSC			03/29/2022	LSC			03/29/2022
ID Prefix	F0698	Corre	ection	ID Prefix	F0726		Correction	ID Prefix	F0880		Correction
Reg. # LSC	483.25(I)		pleted /2022	Reg. # LSC	483.35(a	a)(3)(4)(c)	Completed 03/29/2022	Reg. # LSC	483.80(a)(1)(2)(4)(e	e)(f)	Completed 03/29/2022
ID Prefix	F0908	Corre	ection	ID Prefix			Correction	ID Prefix			Correction
Reg. #	483.90(d)(2)	Com	pleted	Reg. #			Completed	Reg. #			Completed
LSC		03/29	/2022	LSC				LSC			
ID Prefix		Corre	ection	ID Prefix			Correction	ID Prefix			Correction
Reg.#		Com	pleted	Reg. #			Completed	Reg. #	_		Completed
LSC				LSC				LSC			
ID Prefix		Corre	ection	ID Prefix			Correction	ID Prefix			Correction
Reg.#		Com	pleted	Reg.#			Completed	Reg. #			Completed
LSC	-			LSC				LSC			
REVIEWED BY STATE AGENCY [INITIALS]		DATE SIGNATURE OF		F SURVEYOR	SURVEYOR		DATE				
REVIEWED BY CMS RO (INITIALS)		DATE		TITLE				DATE			
FOLLOWUP TO SURVEY COMPLETED ON 3/3/2022			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO						s 🗆 no		