**ID Prefix** 

Reg.#

**ID Prefix** 

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**ID Prefix** 

Reg. #

**ID Prefix** 

LSC

LSC

LSC

F0655

483.21(a)(1)-(3)

Correction

Completed

03/31/2022

Correction

Completed

Correction

Completed

Correction

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg. #

**ID Prefix** 

LSC

LSC

LSC

F0761

483.45(g)(h)(1)(2)

POST-CERTIFICATION REVISIT REPORT									
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION								DATE OF REVISIT	
	IDENTIFICATION NUMBER  A. Building  B. Wing							4/28/2022	
345081 <sub>Y1</sub> B. Wing					1		Y2	4/20/2022	Y3
NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE						P CODE			
ACCORDIUS HEALTH AT ROSE MANOR LLC 4230 NORTH ROXBORO STREET									
DURHAM, NC 27704									
provision the surve	d and the date such correct number and the identified report form).		•	hown on the CMS-	•	•	•		
ITEM					-/		1		
Y4		Y5	Y4		Y5	Y4		Y	<b>′</b> 5
ID Prefix Reg. #	F0550 483.10(a)(1)(2)(b)(1)(2)	Correction  Completed	ID Prefix Reg. #	F0636 483.20(b)(1)(2)(i)(iii	Correction  Complet		F0638 483.20(c)		rection npleted
LSC		03/10/2022	LSC		03/31/202	2 LSC		03/3	1/2022

Correction

Completed

03/31/2022

Correction

Completed

Correction

Completed

Correction

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg. #

**ID Prefix** 

Reg. #

LSC

LSC

LSC

F0888

483.80(i)(1)-(3)(i)-(x)

Correction

Completed

03/31/2022

Correction

Completed

Correction

Completed

Correction