POST-CERTIFICATION REVISIT REPORT									
	R / SUPPLIER / CLIA /		ILTIPLE CONSTRUCTION						
IDENTIFICATION NUMBER  345316  A. Building  B. Wing						Y2	7/12/2022 <sub>Y3</sub>		
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
SENIOR CITIZENS HOME					2275 RUIN CREEK ROAD HENDERSON, NC 27537				
									program, corrected provision
ITEM		DATE	E ITEM		DATE	DATE ITEM		DATE	
Y4	ļ	Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0690	Correction	ID Prefix	F0806	Correction	ID Prefix	F0812	Correction	
<b>5</b> "	483.25(e)(1)-(3)			483.60(d)(4)(5)			483.60(i)(1)(2)		
Reg.#		Completed	Reg. #		Completed	Reg. #		Completed	
LSC		06/03/2022	LSC		06/03/2022	LSC		06/03/2022	
ID Prefix	F0880	Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#	483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #		Completed	Reg. #		Completed	
LSC		— 06/16/2022	LSC			LSC		Completed	
			LSC			LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#		Completed	Reg. #		Completed	Reg. #		Completed	
LSC		<del></del>	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	
ISC			LSC			ISC			

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

TITLE

Page 1 of 1

5/12/2022 UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

DATE

DATE

**REVIEWED BY** 

REVIEWED BY

(INITIALS)

(INITIALS)

FOLLOWUP TO SURVEY COMPLETED ON

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

REVIEWED BY STATE AGENCY

REVIEWED BY

CMS RO

YES NO

DATE

DATE