POST-CERTIFICATION REVISIT REPORT										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONST			TRUCTION						DATE O	F REVISIT
0.45044 P. Wing		A. Building B. Wing	•							
					T			Y2	7/28/20	Y3
NAME OF FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD						
FAIR HAVEN OF FOREST CITY, LLC					FOREST CITY, NC 28043					
program, corrected provision	ort is completed by a qual to show those deficienci d and the date such corre number and the identific by report form).	es previously repo ctive action was a	rted on the ccomplishe	CMS-2567, Stater d. Each deficiency	ment of Def y should be	iciencies and fully identifie	Plan of Cor d using eithe	rection, that have er the regulation or	r LSC	
ITEM		DATE	ITEM			DATE				DATE
Y4		Y5	Y4			Y5	Y4			Y5
ID Prefix	F0677	Correction	ID Prefix	F0757	C	Correction	ID Prefix	F0761		Correction
Reg.#	483.24(a)(2)	Completed	Reg. #	483.45(d)(1)-(6)	c	Completed	Reg. #	483.45(g)(h)(1)(2)		Completed
LSC		06/28/2022	LSC		0	6/28/2022	LSC			06/28/2022
ID Prefix	F0880	Correction	ID Prefix			Correction	ID Prefix			Correction
Reg.#	483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #		C	Completed	Reg. #			Completed
LSC		06/28/2022	LSC				LSC			
ID Prefix		Correction	ID Prefix		(Correction	ID Prefix			Correction
Reg.#		Completed	Reg.#		C	Completed	Reg. #			Completed
LSC		_	LSC				LSC			-
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction	ID Prefix Reg. # LSC			Correction
ID Prefix		Correction	ID Prefix		C	Correction	ID Prefix			Correction

Completed

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

TITLE

Reg. #

LSC

Form CMS - 2567B (09/92) EF (11/06) Page 1 of 1

Completed

REVIEWED BY

REVIEWED BY

(INITIALS)

(INITIALS)

FOLLOWUP TO SURVEY COMPLETED ON

Reg. #

REVIEWED BY

REVIEWED BY

CMS RO

6/8/2022

STATE AGENCY

LSC

Reg. #

DATE

DATE

LSC

YES NO

DATE

DATE

Completed