POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /			DATE OF REVISIT	
IDENTIFICATION NUMBER 345307	A. Building B. Wing		7/28/2022	
545507 ¥1		Y2		Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE IVY AT GASTONIA LLC		4414 WILKINSON BLVD		
		GASTONIA, NC 28056		

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).

ITE	Μ	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0684 483.25	Correction Completed 07/16/2022	ID Prefix Reg. # LSC	F0842 483.20(f)(5), 483.70(i)(1)- (5)	Correction Completed 07/16/2022	ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)	Correction Completed 07/16/2022
ID Prefix Reg. # LSC	F0888 483.80(i)(1)-(3)(i)	-(x) Completed 07/16/2022	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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REVIEWE STATE AG REVIEWE CMS RO FOLLOWU 3/24/2022	BENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) DMPLETED ON		SIGNATURE OF S TITLE CK FOR ANY UNCORRECTI ORRECTED DEFICIENCIES	ED DEFICIENCIES			:s 🗌 NO