## **POST-CERTIFICATION REVISIT REPORT**

	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
IDENTIFICATION NUMBER	A. Building				
345570 <sub>Y1</sub>	B. Wing	Y2	8/10/2022	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
HUNTERSVILLE HEALTH & REHA	B CENTER	13835 BOREN STREET			
		HUNTERSVILLE, NC 28078			

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	M	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0607 483.12(b)(1)-(3)	Correction Completed 07/05/2022	ID Prefix Reg. # LSC	F0700 483.25(n)(1)-(4)	Correction Completed 07/05/2022	ID Prefix Reg. # LSC	F0726 483.35(a)(3)(4)(c)	Correction Completed 07/05/2022
ID Prefix Reg. # LSC	F0804 483.60(d)(1)(2)	Correction Completed 07/05/2022	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed 07/05/2022	ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)	Correction Completed 07/05/2022
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)	Correction (e)(f) Completed 07/05/2022	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AC REVIEWE CMS RO FOLLOWI 6/9/2022		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) DMPLETED ON		SIGNATURE O TITLE CK FOR ANY UNCORRE ORRECTED DEFICIENCI	CTED DEFICIENCIES			