POST-CERTIFICATION REVISIT REPORT

			PU31	-CERI	IFICATION	N KEVIƏLI KE	PURI			
				TRUCTION					DATE O	F REVISIT
345011	ATION N	UIVIDER	A. Building B. Wing					Y2	10/6/20	22 _{Y3}
NAME OF	FACILITY					STREET ADDRESS, CIT	Y. STATE. ZIP COD			
			T LEXINGTON			279 BRIAN CENTER DR				
				LEXINGTON, NC 27292						
program, corrected	to show and the number	those d date su and the	oy a qualified State surveyor leficiencies previously repo lich corrective action was a dentification prefix code p	rted on the	CMS-2567, Staten L Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Correction of Using either the	n, that have l regulation or	LSC	
ITEM			DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	F0695		Correction	ID Prefix	F0812	Correction	ID Prefix			Correction
Reg.#	483.25(i)		Completed	Reg. #	483.60(i)(1)(2)	Completed	Reg. #			Completed
LSC			07/25/2022	LSC		07/25/2022	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
LSC				LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg.#		Completed	Reg. #			Completed
LSC				LSC			LSC			
ID Prefix	D Prefix Correction			ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed
LSC				LSC			LSC			
REVIEWED BY STATE AGENCY			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWEI	D BY		REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/14/2022				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						