				IFICATION	N REVISIT RE	PORI		
	R / SUPPLIER / CATION NUMBE		TRUCTION				DATE C	F REVISIT
345303 _{Y1} B. Wing							Y2 2/1/202	23 _{Y3}
NAME OF	FACILITY				STREET ADDRESS, CIT	Y, STATE, ZIP CODE	•	
THE LAU	RELS OF GR	EENTREE RIDGE		70 SWEETEN CREEK ROAD				
					ASHEVILLE, NC 28803			
program, corrected provision	to show those and the date	d by a qualified State surveyor deficiencies previously reposuch corrective action was a he identification prefix code p	orted on the (ccomplished	CMS-2567, Staten . Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Correction, d using either the re	, that have been egulation or LSC	
ITEM		DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	F0693	Correction	ID Prefix	F0812	Correction	ID Prefix		Correction
Reg.#	483.25(g)(4)(5) Completed	Reg.#	483.60(i)(1)(2)	Completed	Reg.#		Completed
LSC		02/01/2023	LSC		02/01/2023	LSC —		-
			1200					-
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		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # Completed		Reg. #		Completed	Reg. #		Completed	
LSC			LSC			LSC		-
REVIEWED BY STATE AGENCY (INITIALS)			DATE	DATE SIGNATURE OF SURVEYOR			DATE	
REVIEWE	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWU 12/8/2022		COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					