POST-CERTIFICATION REVISIT REPORT														
PROVIDE	R / SUPPL	_IER / C	LIA /	MULTIPLE CONSTRUCTION								DATE OF REVISIT		
IDENTIFIC	CATION N	UMBER		A. Building								2/28/2023		
345270			Y1	B. Wing							Y2	2/20/20)23 _{Y3}	
NAME OF	FACILITY	′						l	T ADDRESS, CIT	,	CODE			
THE GRE	SPRU	CE PINES	3	218 LAUREL CREEK COURT										
								SPRUCE PINE, NC 28777						
program, corrected provision	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).													
ITEM				DATE ITEM					DATE	ITEM			DATE	
Y4				Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0580			Correction	ID Prefix	F0677		Correction		ID Prefix	F0691		Correction	
Reg.#	483.10(g)(14)(i)-(iv)(15)		iv)(15)	Completed	Reg. #	483.24(a)(2)		Completed	Reg.#	483.25(f)		Completed	
LSC			02/11/2023	LSC				02/11/2023	LSC			02/11/2023		
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ID Prefix	refix F0755			Correction	ID Prefix	F0760			Correction	ID Prefix			Correction	
Reg.#	483.45(a)(b)(1)-(3)		Completed	Reg. #	483.45(f)(2)		Completed	Reg.#			Completed		
LSC	-			- 02/11/2023	LSC				02/11/2023	LSC			- ·	
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ID Prefix				Correction	ID Prefix				Correction	ID Prefix			Correction	
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Reg. #			Completed	Reg. #				Completed	Reg. #			Completed		
LSC			_	LSC					LSC			-		
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			-					00.1100.1101.1				-		
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 REVIEW STATE AGENCY (INITIAL					DATE		SIGNATUR	RE OF SU	JRVEYOR			DATE		
REVIEWED BY REVIE CMS RO [INITIA				/ED BY .S)	DATE		TITLE					DATE		

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

1/25/2023

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO