## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building						
345179 <sub>Y1</sub>	B. Wing	Y2	3/22/2023	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
ACCORDIUS HEALTH AT MOORE	SVILLE	752 E CENTER AVENUE					
		MOORESVILLE, NC 28115					

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	F0584	Correction	ID Prefix	F0641	Correction	ID Prefix	F0656	Correction
Reg.#	483.10(i)(1)-(7)	Completed	Reg. #	483.20(g)	Completed	Reg.#	483.21(b)(1)(3)	Completed
LSC		03/10/2023	LSC		03/10/2023	LSC		03/10/2023
ID Prefix	F0677	Correction	ID Prefix	F0688	Correction	ID Prefix	F0692	Correction
Reg. #	483.24(a)(2)	Completed	Reg. #	483.25(c)(1)-(3)	Completed	Reg.#	483.25(g)(1)-(3)	Completed
LSC		03/10/2023	LSC		03/10/2023	LSC		03/10/2023
ID Prefix	F0695	Correction	ID Prefix	F0757	Correction	ID Prefix	F0758	Correction
Reg. #	483.25(i)	Completed	-	483.45(d)(1)-(6)	Completed	Reg. #	483.45(c)(3)(e)(1)-(5)	Completed
LSC		03/10/2023	LSC		03/10/2023	LSC		03/10/2023
ID Prefix	F0802	Correction	ID Prefix	F0804	Correction	ID Prefix	F0805	Correction
Reg.#	483.60(a)(3)(b)	Completed	-	483.60(d)(1)(2)	Completed	Reg. #	483.60(d)(3)	Completed
LSC		03/10/2023	LSC		03/10/2023	LSC		03/10/2023
ID Prefix	F0809	Correction	ID Prefix	F0812	Correction	ID Prefix	F0814	Correction
Reg.#	483.60(f)(1)-(3)	Completed	Reg. #	483.60(i)(1)(2)	Completed	Reg.#	483.60(i)(4)	Completed
LSC		03/10/2023	LSC		03/10/2023	LSC		03/10/2023
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATURE (	OF SURVEYOR	I	D	ATE
REVIEWE CMS RO	ED BY	REVIEWED BY (INITIALS)	DATE	TITLE			D	ATE

## POST-CERTIFICATION REVISIT REPORT

			F031	-CEKI	IFICATIO	N KEVISII KI	LPORT			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTIDENTIFICATION NUMBER A. Building				FRUCTION					DATE OF REVISIT	
345179	ATION NO	VIDER	A. Building B. Wing					Y2	3/22/202	23 <sub>Y3</sub>
NAME OF	FACILITY		<u> </u>			STREET ADDRESS, CIT	Y. STATE. ZIF		1	
ACCORDIUS HEALTH AT MOORESVILLE					752 E CENTER AVENUE					
						MOORESVILLE, NC 281	15			
program, corrected provision	to show the and the da number ar y report for	nose de ate su nd the	y a qualified State survey eficiencies previously rep ch corrective action was a identification prefix code	orted on the accomplishe	CMS-2567, State d. Each deficienc hown on the CMS	ment of Deficiencies and y should be fully identifie	d Plan of Cor ed using eith	rection, that have er the regulation o	r LSC	DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	F0835 483.70		Completed 03/10/2023	ID Prefix Reg. # LSC	F0849 483.70(o)(1)-(4)	Correction Completed 03/10/2023	ID Prefix Reg. # LSC	F0867 483.75(c)(d)(e)(g)(	2)(i)(ii)	Correction Completed 03/10/2023
REVIEWE			REVIEWED BY (INITIALS)	DATE	SIGNATU	RE OF SURVEYOR	1		DATE	
REVIEWE	D BY		REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/8/2023					DRRECTED DEFICIENCIES IENCIES (CMS-2567) SEN			YES	□ NO	