POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building						
345266 _{Y1}	B. Wing	Y2	4/13/2023	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
THE CARROLTON OF PLYMOUT	-1	1084 US 64 EAST					
		PLYMOUTH, NC 27962					

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	ı	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0583	Correction	ID Prefix	F0585	Correction	ID Prefix	F0600	Correction
Reg.#	483.10(h)(1)-(3)(i)(ii)	Completed	Reg. #	483.10(j)(1)-(4)	Completed	Reg.#	483.12(a)(1)	Completed
LSC		03/15/2023	LSC		03/15/2023	LSC		03/15/2023
ID Prefix	F0607	Correction	ID Prefix	F0609	Correction	ID Prefix	F0655	Correction
Reg.#	483.12(b)(1)-(5)(ii)(iii)	Completed	Reg.#	483.12(b)(5)(i)(A)(B)(c) (1)(4)	Completed	Reg.#	483.21(a)(1)-(3)	Completed
LSC		03/15/2023	LSC		03/10/2023	LSC		03/15/2023
ID Prefix	F0656	Correction	ID Prefix	F0657	Correction	ID Prefix	F0685	Correction
Reg.#	483.21(b)(1)(3)	Completed	Reg.#	483.21(b)(2)(i)-(iii)	Completed	Reg.#	483.25(a)(1)(2)	Completed
LSC		03/15/2023	LSC		03/15/2023	LSC		03/15/2023
ID Prefix	F0689	Correction	ID Prefix	F0690	Correction	ID Prefix	F0692	Correction
Reg.#	483.25(d)(1)(2)	Completed	Reg.#	483.25(e)(1)-(3)	Completed	Reg.#	483.25(g)(1)-(3)	Completed
LSC		03/15/2023	LSC		03/15/2023	LSC		03/15/2023
ID Prefix	F0791	Correction	ID Prefix	F0867	Correction	ID Prefix	F0880	Correction
Reg.#	483.55(b)(1)-(5) Completed		Reg. #	483.75(c)(d)(e)(g)(2)(i)(i	i) Completed	Completed Reg. #		Completed
LSC		03/15/2023	LSC		03/15/2023	LSC		03/10/2023
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE C	OF SURVEYOR	<u> </u>		DATE	
REVIEWE CMS RO	ED BY REVIEW (INITIALS		DATE	TITLE			D	PATE

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345266	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JINDLIK	Y1 B. Wing					Y2 4/	13/2023	Y3
NAME OF	FACILITY	,	-			STREET ADDRESS, CITY	, STATE, ZIP CODE			
THE CAF	RROLTON	N OF PI	LYMOUTH			1084 US 64 EAST				
					PLYMOUTH, NC 27962					
program, corrected provision the surve	to show to show to show the number and y report for the showing th	those d date su and the	by a qualified State survey leficiencies previously reported to corrective action was a dentification prefix code	orted on the accomplishe previously s	CMS-2567, Staten d. Each deficiency hown on the CMS-	nent of Deficiencies and leading should be fully identified 2567 (prefix codes show	Plan of Correction, t using either the reg n to the left of each	that have bee gulation or LS	SC	
ITEM DATE		ITEM		DATE	ITEM		DATE			
Y4			Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0940		Correction	ID Prefix	F0947	Correction				
Reg.#	483.95		Completed	Reg. #	483.95(g)(1)-(4)	Completed				
LSC			03/15/2023	LSC		03/15/2023				
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REVIEWE STATE AG			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR		DA	ATE	
REVIEWE	D BY		REVIEWED BY	DATE	TITLE				ATE	
CMS RO			(INITIALS)					"	-	
FOLLOW	JP TO SUF	RVEY C	OMPLETED ON	CHE	CK FOR ANY UNCO	RRECTED DEFICIENCIES.	WAS A SUMMARY O	_ F		
2/16/2023						ENCIES (CMS-2567) SENT			YES 🗆	NO
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