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eficiencies previously rep ch corrective action was	orted on the (accomplished	CMS-2567, Stater . Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Correction, ed using either the re	that have been egulation or LSC	
			LUMBERTON, NC 28358	3		
NAME OF FACILITY THE CARROLTON OF LUMBERTON			STREET ADDRESS, CIT 1170 LINKHAW ROAD	Y, STATE, ZIP CODE		
Y1 B. Wing			 	N/ OTATE 5:5	Y2 5/25/2	2023 _{Y3}
A. Building	STRUCTION					
			11(21)(31) 1(1		DATE	OF REVISIT
	MULTIPLE CONSA. Building B. Wing JMBERTON The properties of the	MULTIPLE CONSTRUCTION A. Building B. Wing JMBERTON The provious of the Metericiencies previously reported on the Control of	MULTIPLE CONSTRUCTION A. Building B. Wing JMBERTON The provided state surveyor for the Medicare, Medicaid a seficiencies previously reported on the CMS-2567, Stater ch corrective action was accomplished. Each deficiency identification prefix code previously shown on the CMS-DATE ITEM Y5 Y4 Correction ID Prefix F0689 Completed Reg. # 05/25/2023 LSC Correction ID Prefix Reg. # Correction ID Prefix Reg. # Correction ID Prefix Reg. #	MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CIT 1170 LINKHAW ROAD LUMBERTON, NC 28356 by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laborato efficiencies previously reported on the CMS-2567, Statement of Deficiencies and ch corrective action was accomplished. Each deficiency should be fully identified identification prefix code previously shown on the CMS-2567 (prefix codes shown DATE Y5 TIEM Y6 Correction ID Prefix F0689 Correction Completed Reg. # 05/25/2023 Correction ID Prefix Correction Completed Reg. # Correction Completed Completed Reg. # Correction Completed Reg. # Correction Completed Reg. # Correction Completed Reg. # Completed	MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 1170 LINKHAW ROAD LUMBERTON, NC 28358 By a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Ameliciencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, ch corrective action was accomplished. Each deficiency should be fully identified using either the reidentification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each DATE	A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 1170 LINKHAW ROAD LUMBERTON, NC 28358 And a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments efficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been ch corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on DATE

4/6/2023

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

YES NO