				POST	-CERT	IFIC	ATION	REVISIT R	EPORT				
IDENTIFICATION NUMBER				MULTIPLE CONSTRUCTION A. Building								F REVISIT	
345403 _{Y1} B. Wing										Y2	7/18/20	23 _{Y3}	
NAME OF								TREET ADDRESS, C	ITY, STATE, ZIF	CODE			
CARY HE	BILITATIC	ON				590 TRYON ROAD							
							10	ARY, NC 27518					
program, corrected provision	to show those and the date	defic such ne ide	ciencies p	oreviously repo e action was a	rted on the ccomplished	CMS-25 d. Each	667, Statemer deficiency sł	d/or Clinical Laborat nt of Deficiencies ar nould be fully identif 67 (prefix codes sho	nd Plan of Cor ied using eithe	rection, that have l er the regulation or	LSC		
ITEM				DATE ITEM				DATE ITEM			DATE		
Y4				Y5	Y4			Y5	Y4				
ID Prefix	F0693		(Correction	ID Prefix	F0880		Correction	ID Prefix			Correction	
Reg.#	483.25(g)(4)(5)	1		Camandata d	Reg.#	483.80(a)(1)(2)(4)(e)(f)	Camandatad	Dog #			Commisted	
_				Completed 07/12/2023				Completed 07/12/2023	Reg. #			Completed	
LSC				07/12/2023	LSC				LSC				
ID Prefix			(Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg.#				Completed	Reg.#			Completed	Reg. #			Completed	
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					-				1200				
ID Prefix				Correction	ID Prefix			Correction	ID Prefix			Correction	
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LSC				·	LSC				LSC			· ·	
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ID Prefix				Correction	ID Prefix			Correction	ID Prefix			Correction	
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LSC					LSC				LSC				
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ID Prefix				Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg. #			(Completed	Reg. #			Completed	Completed Reg. #			Completed	
LSC					LSC				LSC				
REVIEWED BY STATE AGENCY (INITIALS)				DATE SIGNATURE			OF SURVEYOR			DATE			
SIAIE AG	ENCY	<u>'</u> "	MITIALS)										
REVIEWE CMS RO		REVIEWED BY (INITIALS)		DATE		TITLE				DATE			

6/29/2023

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO