POST-CERTIFICATION REVISIT REPORT

PROVIDEI IDENTIFIC 345436						VICEVIORI IL		Y2	DATE O	F REVISIT
NAME OF			ITATION AND HEALTHCA	STREET ADDRESS, CITY, STATE, ZIP CODE				YZ		13
program, corrected	to show and the number	those d date su and the	oy a qualified State surveyor leficiencies previously repo lich corrective action was a lidentification prefix code p	orted on the ccomplished	CMS-2567, Staten d. Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Correction, d using either the re	that have begulation or	LSC	
ITEM			DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	F0745		Correction	ID Prefix	F0836	Correction	ID Prefix			Correction
Reg.#	483.40(i)	Completed	Reg. #	483.70(a)-(c)	Completed	Reg. #			Completed
LSC			08/08/2023	LSC		08/08/2023	LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			Completed
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
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			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg. #			Completed
LSC				LSC			LSC			
			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR	l		DATE	
REVIEWE CMS RO	D BY		REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWL 7/12/2023		RVEY C	OMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						