POST-CERTIFICATION REVISIT REPORT

			DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345341 _{Y1}	B. Wing	Y2	8/10/2023	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
SILVER BLUFF INC		100 SILVER BLUFF DRIVE		
		CANTON, NC 28716		

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	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0561 483.10(f)(1)-(3)(8	Correction Completed 06/21/2023	ID Prefix Reg. # LSC	F0600 483.12(a)(1)	Correction Completed 06/21/2023	ID Prefix Reg. # LSC	F0607 483.12(b)(1)-(5)(ii)(iii)	Correction Completed 06/21/2023
ID Prefix Reg. # LSC	F0610 483.12(c)(2)-(4)	Correction Completed 06/21/2023	ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)(e)(f)	Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 6/12/2023			SIGNATURE OF SURVEYOR TITLE CK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF ORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			ES □ NO		

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