POST-CERTIFICATION REVISIT REPORT

PROVIDEI IDENTIFIC 345558						VICEVIOII IL	LI OIKI	Ω/	ATE OF REVISIT 21/2023	
NAME OF			HOME-BLACK MOUNTAIN	I		Y2 0/	21/2023 _{Y3}			
program, corrected	to show and the number	those d date su and the	oy a qualified State survey eficiencies previously rep ich corrective action was a identification prefix code	orted on the accomplished	CMS-2567, Staten d. Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Correction, to dusing either the reg	hat have bee gulation or LS	SC	
ITEM			DATE	ITEM		DATE	ITEM		DATE	
Y4			Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0761		Correction	ID Prefix	F0812	Correction	ID Prefix		Correction	
Reg.#	483.45(g)(h)(1)(2) Completed	Reg. #	483.60(i)(1)(2)	Completed	Reg. #		Completed	
LSC			08/10/2023	LSC		08/10/2023	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			
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 STATE AGENCY			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR	<u> </u>	DA	NTE	
REVIEWE CMS RO	D BY		REVIEWED BY (INITIALS)	DATE	TITLE	400000	40000	DA	TE	
FOLLOW U 5/12/2023		RVEY C	OMPLETED ON		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO					