				POST	-CERT	IFICATIO	N REVISIT F	REPORT				
PROVIDER				MULTIPLE CONS	STRUCTION					DATE O	F REVISIT	
IDENTIFIC 345458	AHON N	UMBER	Y1	A. Building B. Wing					Y2	9/22/20	23 <sub>Y3</sub>	
NAME OF	FACILITY	<u> </u>	- 11	<u> </u>			STREET ADDRESS, O	CITY, STATE. ZIP (			13	
			ATION CE	NTER			2059 TORREDGE RO					
							DURHAM, NC 27712	DURHAM, NC 27712				
program, corrected	to show and the number	those of date so and the	deficiencie uch correc	es previously rep	orted on the accomplished	CMS-2567, State d. Each deficiend	d and/or Clinical Labora ement of Deficiencies a cy should be fully identi S-2567 (prefix codes sh	nd Plan of Corre fied using either	ction, that have the regulation o	r LSC		
ITEM				DATE	ITEM		DATE	DATE ITEM			DATE	
Y4				Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0607			Correction	ID Prefix	F0740	Correction	ID Prefix			Correction	
Reg.#	483.12(b)(1)-(5)(ii)(iii			(iii) Completed		483.40	Completed	Reg.#			Completed	
LSC				- 09/01/2023	Reg. # LSC		09/01/2023	LSC -			Completed	
				-	LSC			-				
ID Prefix				Correction	ID Prefix		Correction	ID Prefix			Correction	
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LSC					LSC			LSC				
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LSC				_	LSC			LSC				
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LSC				_	LSC			LSC				
REVIEWED BY STATE AGENCY (INITIALS)					DATE	SIGNAT	URE OF SURVEYOR			DATE		
REVIEWED BY CMS RO (INITIALS)					DATE	TITLE				DATE		
FOLLOWU 8/11/2023		RVEY C	OMPLETE	D ON			ORRECTED DEFICIENCI CIENCIES (CMS-2567) SE				s 🗆 NO	

8/11/2023

YES NO