STATE FORM: REVISIT REPORT										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTION NUMBER A. Building			TRUCTION					DATE O	F REVISIT	
NH0477 NUMBER A. Building NH0477 Y1 B. Wing							Y2	11/15/2	023 _{Y3}	
NAME OF FACILITY						STREET ADDRESS, CIT	Y, STATE, ZIP COD	E		
SENIOR CITIZENS HOME						2275 RUIN CREEK ROA	.D			
						HENDERSON, NC 2753	7			
corrective	e action was acc	omplished	. Each deficien	cy should be fully	identified usi	reported that have been geither the regulation es shown to the left of e	or LSC provision	number and t		
ITEM			DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	L0141		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #	.2606(A)		Completed	Reg. #		Completed	Reg. #			Completed
LSC			10/13/2023	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			
			•							
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg. #			Completed
LSC				LSC			LSC			
	-									
DEVIEWED BY										
REVIEWED BY STATE AGENCY [INITIALS]			DATE	SIGNATUI	RE OF SURVEYOR			DATE		
		REVIEWE (INITIALS		DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/27/2023				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						

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EVENT ID:

DP0P12

(11/06)