POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER			DATE OF REVISIT	
345316 _{Y1}	A. Building B. Wing	Y2	12/5/2023	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
SENIOR CITIZENS HOME		2275 RUIN CREEK ROAD		
		HENDERSON, NC 27537		

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	F0755 483.45(a)(b)(1)-(3	Correction Completed 11/16/2023	ID Prefix Reg. # LSC	F0760 483.45(f)(2)	Correction Completed 11/16/2023	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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REVIEWE STATE AG REVIEWE CMS RO		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)	DATE DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/15/2023		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						