## POST-CERTIFICATION REVISIT REPORT

PROVIDEI IDENTIFIC			LIA /	MULTIPLE CONS			TREVION IX		D/	ATE OF REVISIT	
345270			Y1	B. Wing					<sub>Y2</sub> 12	2/13/2023 <sub>Y3</sub>	
NAME OF			CE PINES	8	STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777						
program, corrected	to show and the number	those d date su and the	eficiencie ich correc	es previously repo ctive action was a	orted on the accomplished	CMS-2567, Staten d. Each deficiency	and/or Clinical Laborato ment of Deficiencies and r should be fully identifie 2567 (prefix codes sho	I Plan of Correction, ed using either the re	that have bee egulation or LS	SC .	
ITEM			DATE ITEM			DATE		DATE			
Y4				Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0693			Correction	ID Prefix	F0812	Correction	ID Prefix		Correction	
Reg.#	483.25(g	)(4)(5)		Completed	Reg. #	483.60(i)(1)(2)	Completed	Reg. #		Completed	
LSC				11/27/2023 	LSC		11/27/2023	LSC			
ID Prefix				Correction	ID Prefix		Correction	ID Prefix		Correction	
D #				_	D #						
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 REVIEW (INITIAL				DATE SIGNATU		RE OF SURVEYOR	DA	TE			
REVIEWE CMS RO	D BY		REVIEW (INITIAL		DATE	TITLE			DA	TE	
FOLLOWUP TO SURVEY COMPLETED ON 9/28/2023						CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					