		POST	-CERT	IFICATION	REVISIT RI	EPORT			
IDENTIFICATION NUMBER A. Building			CONSTRUCTION					DATE OF REVISIT	
345333 _{Y1} B. V		Y1 B. Wing	i. Wing				_{Y2} 1/12/2024		2024 _{Y3}
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
ABBOTTS CREEK CENTER				877 HILL EVERHART ROAD					
					EXINGTON, NC 27295				
program, corrected provision	ort is completed by a question to show those deficient and the date such core number and the identifier report form).	ncies previously rep rective action was	orted on the accomplishe	CMS-2567, Stateme d. Each deficiency s	nt of Deficiencies and hould be fully identifie	d Plan of Cor ed using eithe	rection, that ha er the regulation	ve been n or LSC	
ITEM		DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0554	Correction	ID Prefix	F0695	Correction	ID Prefix	F0758		Correction
Reg.#	483.10(c)(7)	Completed	Reg. #	483.25(i)	Completed	Reg.#	483.45(c)(3)(e)((1)-(5)	Completed
LSC		01/10/2024	LSC		01/10/2024	LSC			01/10/2024
ID Prefix	F0761	Correction	ID Prefix	F0867	Correction	ID Prefix			Correction
IB I IOIIX			I B I TOILX			IB I TOILX			_
Reg.#	483.45(g)(h)(1)(2)	Completed	Reg. #	483.75(c)(d)(e)(g)(2)(i	Completed	Reg. #			Completed
LSC		01/10/2024	LSC		01/10/2024	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

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF **FOLLOWUP TO SURVEY COMPLETED ON** UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

Completed

Reg. #

LSC

Form CMS - 2567B (09/92) EF (11/06)

Completed

Reg.#

LSC

Reg. #

12/13/2023

LSC

Completed