				POST	-CERT	<b>IFICATION</b>	N RE	VISIT RI	<b>EPORT</b>				
PROVIDEI IDENTIFIC 345197	R / SUPPLI CATION NU			MULTIPLE CONS A. Building B. Wing	STRUCTION						DATE 0	F REVISIT	
NAME OF	EACII ITV		Y1	D. Willy			STDEF	ET ADDRESS, CIT	V STATE 7ID	Y2 CODE	2, 13/20	24 Y3	
	RIDGE O	F NC					1	YON ROAD	T, STATE, ZIP	CODE			
					RUTHERFORDTON, NC 28139								
program, corrected	to show the conumber a	hose o late so and the	deficiencie uch correc	es previously rep ctive action was a	orted on the accomplished	edicare, Medicaid a CMS-2567, Stater d. Each deficiency nown on the CMS-	nent of l	Deficiencies and be fully identifie	d Plan of Corre	ection, that have the regulation o	r LSC		
ITE	VI			DATE	ITEM			DATE	ITEM		DATE		
Y4				Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0689			Correction	ID Prefix	F0867		Correction	ID Prefix			Correction	
Reg.#	483.25(d)	(1)(2)		Completed	Reg.#	483.75(c)(d)(e)(g)(2	2)(i)(ii)	Completed	Reg. #			Completed	
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			REVIEW (INITIAL			TITLE	TITLE				DATE		
FOLLOWU	JP TO SUR	VEY C	OMPLETE	D ON		CK FOR ANY UNCO						:	

1/16/2024

YES NO