POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345376 _{Y1}	B. Wing	Y2	4/2/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE CARROLTON OF FAYETTEVILLE		2461 LEGION ROAD		
		FAYETTEVILLE, NC 28306		

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).

ITEI	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0636 483.20(b)(1)(2)(i)((iii) Correction Completed 04/01/2024	ID Prefix Reg. # LSC	F0655 483.21(a)(1)-(3)	Correction Completed 04/01/2024	ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(iii)	Correction Completed 04/01/2024
ID Prefix Reg. #	F0686 483.25(b)(1)(i)(ii)	Correction	ID Prefix Reg. #		Correction	ID Prefix Reg. #		Correction
LSC		Completed 04/01/2024	LSC		Completed	LSC		Completed
ID Prefix Reg. #		Correction Completed	ID Prefix Reg. #		Correction	ID Prefix Reg. #		Correction Completed
LSC		Completed	LSC			LSC		-
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATURE O	F SURVEYOR	<u> </u>	DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/29/2024		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						