## **POST-CERTIFICATION REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345145 <sub>Y1</sub>	B. Wing	Y2	4/26/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE CARROLTON OF WILLIAMSTON		119 GATLING STREET		
		WILLIAMSTON, NC 27892		

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	M	DATE	ITEM		DATE	ITEM		DATE
Y4	1	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0584	Correction	ID Prefix	F0686	Correction
Reg.#	483.10(a)(1)(2)(b)(1)(2)	 Completed	Reg.#	483.10(i)(1)-(7)	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed
LSC		04/12/2024	LSC		04/12/2024	LSC		04/12/2024
ID Prefix	F0689	Correction	ID Prefix	F0698	Correction	ID Prefix	F0725	Correction
Reg.#	483.25(d)(1)(2)	Completed	Reg. #	483.25(I)	Completed	Reg.#	483.35(a)(1)(2)	Completed
LSC		04/12/2024	LSC		04/12/2024	LSC		04/12/2024
ID Prefix	F0727	Correction	ID Prefix	F0729	Correction	ID Prefix	F0730	Correction
Reg. #	483.35(b)(1)-(3)	Completed	Reg. #	483.35(d)(4)-(6)	Completed	Reg. #	483.35(d)(7)	Completed
LSC		 04/12/2024 	LSC		04/12/2024	LSC		04/12/2024
ID Prefix	F0760	Correction	ID Prefix	F0761	Correction	ID Prefix	F0805	Correction
Reg.#	483.45(f)(2)	Completed	Reg. #	483.45(g)(h)(1)(2)	Completed	Reg. #	483.60(d)(3)	Completed
LSC		04/12/2024	LSC		04/12/2024	LSC		04/12/2024
ID Prefix	F0835	Correction	ID Prefix	F0839	Correction	ID Prefix	F0842	Correction
Reg.#	483.70	Completed	Reg.#	483.70(f)(1)(2)	Completed	Reg.#	483.20(f)(5), 483.70(i) (5)	(1)- Completed
LSC		04/12/2024	LSC		04/12/2024	LSC		04/12/2024
REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATUR	E OF SURVEYOR		D	ATE
REVIEWE CMS RO	ED BY REVIEW	WED BY LS)	DATE	TITLE			D	ATE

## POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building B. Wing  NAME OF FACILITY  THE CARROLTON OF WILLIAMSTON				STRUCTION	TRUCTION				DATE OF REVISIT  4/26/2024  23	
						STREET ADDRESS, CIT' 119 GATLING STREET WILLIAMSTON, NC 2789	Y2	Y2 4/20/2024 Y3		
program, corrected provision	to show those and the date s	deficiencie uch correc	es previously rep ctive action was	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	and/or Clinical Laborator nent of Deficiencies and should be fully identified 2567 (prefix codes show	Plan of Correction, to using either the rec	that have b gulation or	LSC	
ITE	M		DATE	ITEM		DATE	ITEM		DA	ΓE
Y4			Y5	Y4		Y5	Y4		Υ	5
ID Prefix	F0867		Correction	ID Prefix	F0947	Correction				
Reg.#	483.75(c)(d)(e)(	g)(2)(i)(ii)	Completed	Reg. #	483.95(g)(1)-(4)	Completed				
LSC			04/12/2024	LSC		04/12/2024				
STATE AG		REVIEV (INITIAL		DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWE CMS RO	D BY	REVIEV (INITIAL	VED BY _S)	DATE	TITLE				DATE	
<b>FOLLOW</b> (3/13/2024	JP TO SURVEY (	OMPLETE	ED ON			RRECTED DEFICIENCIES ENCIES (CMS-2567) SENT			YES [	] NO
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