POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345566 _{Y1}	B. Wing	Y2	5/2/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHEALTH-UNION POINTE		3510 WEST HIGHWAY 74		
		MONROE. NC 28110		

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	м	DATE	ITEM		DATE	ITEM	DATE
Y4		Y5	Y4		Y5	Y4	Y5
ID Prefix Reg. # LSC	F0684 483.25	Correction Completed 04/30/2024	ID Prefix Reg. # LSC	F0867 483.75(c)(d)(e)(g)(2)(i)(ii)	Correction Completed 04/30/2024	ID Prefix Reg. # LSC	 Correction Completed
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2/16/2024				ORRECTED DEFICIENCIES	(UN/S-2567) SEN	TTO THE FACILITY?	5 🗌 NO