POST-CERTIFICATION REVISIT REPORT													
	R / SUPPLIER / CI	_IA /	MULTIPLE CONSTRUCTION								DATE O	F REVISIT	
IDENTIFICATION NUMBER  345571  A. Building  B. Wing											5/13/20	24	
345571		Y1	B. Willig							Y2	0/10/20	24 Y3	
NAME OF FACILITY							STREET ADDRESS, CITY, STATE, ZIP CODE						
BRADLEY CREEK HEALTH CENTER							740 DIAMOND SHOALS ROAD						
<u>l</u> '							WILMINGTON, NC 28403						
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).													
ITEM			DATE	ITEM				DATE	ITEM			DATE	
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0580		Correction	ID Prefix	F0758			Correction	ID Prefix	F0760		Correction	
Reg.#	483.10(g)(14)(i)-(	iv)(15)	Completed	Reg. #	483.45(	c)(3)(e)(1)-(5)	)	Completed	Reg.#	483.45(f)(2)		Completed	
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LSC			05/02/2024 -	LSC				05/02/2024	LSC			05/02/2024	
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Reg.#			Completed	Reg. #				Completed	Reg.#			Completed	
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REVIEWED BY STATE AGENCY (INITIALS)			DATE SIGNATUR			E OF SURVEYOR				DATE			
REVIEWED BY REV			/ED BY	DATE	DATE TITLE						DATE		

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

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

CMS RO

4/11/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO