POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISI	Т
IDENTIFICATION NUMBER	A. Building			
345250 _{Y1}	B. Wing	Y2	5/16/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE GREENS AT LINCOLNTON		515 S GENERALS BOULEVARD		
		LINCOLNTON, NC 28093		

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).

	DATE	ITEM		DATE	ITEM		DATE
	Y5	Y4		Y5	Y4		Y5
:0550 83.10(a)(1)(2)(b)(1)(2)	Correction Completed 05/16/2024	ID Prefix Reg. # LSC	F0677 483.24(a)(2)	Correction Completed 05/16/2024	ID Prefix Reg. # LSC	F0687 483.25(b)(2)(i)(ii)	Correction Completed 05/16/2024
:0697 83.25(k)	Correction Completed 05/16/2024	ID Prefix Reg. # LSC	F0755 483.45(a)(b)(1)-(3)	Correction Completed 05/16/2024	ID Prefix Reg. # LSC		Correction Completed
	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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