

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345563	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/30/2024	Y3
NAME OF FACILITY PAVILION HEALTH CENTER AT BRIGHTMORE			STREET ADDRESS, CITY, STATE, ZIP CODE 10011 PROVIDENCE ROAD WEST CHARLOTTE, NC 28277		

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0557	Correction	ID Prefix F0584	Correction	ID Prefix F0600	Correction
Reg. # 483.10(e)(2)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(a)(1)	Completed
LSC	04/18/2024	LSC	04/18/2024	LSC	04/18/2024
ID Prefix F0604	Correction	ID Prefix F0641	Correction	ID Prefix F0656	Correction
Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	04/18/2024	LSC	04/18/2024	LSC	04/18/2024
ID Prefix F0657	Correction	ID Prefix F0658	Correction	ID Prefix F0679	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(c)(1)	Completed
LSC	04/18/2024	LSC	04/18/2024	LSC	04/18/2024
ID Prefix F0684	Correction	ID Prefix F0688	Correction	ID Prefix F0692	Correction
Reg. # 483.25	Completed	Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	04/18/2024	LSC	04/18/2024	LSC	04/18/2024
ID Prefix F0760	Correction	ID Prefix F0842	Correction	ID Prefix F0867	Correction
Reg. # 483.45(f)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed
LSC	04/18/2024	LSC	04/18/2024	LSC	04/18/2024

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix F0919	Correction		
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.90(g)(1)(2)	Completed		
LSC	04/18/2024	LSC	04/18/2024		

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/26/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		