

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345183	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/30/2024	Y3
NAME OF FACILITY UNIVERSAL HEALTH CARE/ CONCORD			STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025		

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 F0578	Correction	ID Prefix F0585	Correction	ID Prefix F0602	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12	Completed
LSC	05/16/2024	LSC	05/16/2024	LSC	05/16/2024
ID Prefix F0607	Correction	ID Prefix F0644	Correction	ID Prefix F0677	Correction
Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	05/16/2024	LSC	05/16/2024	LSC	05/16/2024
ID Prefix F0698	Correction	ID Prefix F0730	Correction	ID Prefix F0756	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.35(d)(7)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	05/16/2024	LSC	05/16/2024	LSC	05/16/2024
ID Prefix F0757	Correction	ID Prefix F0761	Correction	ID Prefix F0806	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	05/16/2024	LSC	05/16/2024	LSC	05/16/2024
ID Prefix F0812	Correction	ID Prefix F0867	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed	Reg. #	Completed
LSC	05/16/2024	LSC	05/16/2024	LSC	

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 4/18/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		