POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
	A. Building B. Wing		6/7/2024	
345026 _{Y1}	B. Willig	Y2	0/1/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
ROYAL PARK REHAB & HEALTH	CTR OF MATTHEWS	2700 ROYAL COMMONS LANE		
		MATTHEWS, NC 28105		

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	F0656 483.21(b)(1)(3)	Correction Completed 04/11/2024	ID Prefix Reg. # LSC	F0679 483.24(c)(1)	Correction Completed 04/11/2024	ID Prefix Reg. # LSC	F0687 483.25(b)(2)(i)(ii)	Correction Completed 04/11/2024
ID Prefix Reg. # LSC	F0804 483.60(d)(1)(2)	Correction Completed 04/11/2024	ID Prefix Reg. # LSC	F0810 483.60(g)	Correction Completed 04/11/2024	ID Prefix Reg. # LSC	F0867 483.75(c)(d)(e)(g)(2)(i)(ii)	Correction Completed 04/11/2024
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 3/25/2024			TITLE	TURE OF SURVEYOR			:s 🔲 NO	