## **POST-CERTIFICATION REVISIT REPORT**

			DATE OF REVISIT		
	A. Building B. Wing		8/28/2024		
345179 <sub>Y1</sub>	B. Willig	Y2	0/20/2024	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
ACCORDIUS HEALTH AT MOORE	SVILLE	752 E CENTER AVENUE			
		MOORESVILLE, NC 28115			

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	F0600 483.12(a)(1)	Correction Completed 08/13/2024	ID Prefix Reg. # LSC	F0607 483.12(b)(1)-(5)(ii)(iii)	Correction Completed 08/13/2024	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
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)		SIGNATURE OF TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/13/2024				ORRECTED DEFICIENCIE				6 🗌 NO