## **POST-CERTIFICATION REVISIT REPORT**

	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
	A. Building		0/44/0004		
345531 <sub>Y1</sub>	B. Wing	Y2	9/11/2024	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
NC STATE VETERANS HOME - SA	ALISBURY	1601 BRENNER AVE, BUILDNG #10			
		SALISBURY, NC 28145			

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	F0561 483.10(f)(1)-(3)(8	Correction Completed 08/30/2024	ID Prefix Reg. # LSC	F0677 483.24(a)(2)	Correction Completed	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed 08/30/2024
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
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG REVIEWE CMS RO		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)	DATE	SIGNATURE OF	SURVEYOR	I	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/8/2024				CK FOR ANY UNCORREC				es 🗌 no