POST-CERTIFICATION REVISIT REPORT

PROVIDEI	R / SUPPLIER / C	LIA /	MULTIPLE CONS	TRUCTION		A1101	111	VIOIT IXE			DATE O	F REVISIT	
IDENTIFICATION NUMBER 345277 A. Building B. Wing											10/7/20	24	
NAME OF				CTDEE	TADDDECC CIT	V CTATE ZIE	Y2	10/1/20	24 Y3				
	E CENTER				T ADDRESS, CIT	Y, STATE, ZIP	CODE						
7.01.120	- OLIVILIV			l	ORO, NC 27203								
program, corrected provision	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 DATE			DATE	ITEM				DATE ITEM				DATE	
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0657		Correction	ID Prefix	F0658			Correction	ID Prefix	F0756		Correction	
Reg.#	483.21(b)(2)(i)-(ii	i)	Completed	Reg. #	483.21(b)(3)(i)		Completed	Reg. #	483.45(c)(1)(2)(4)(5)	Completed	
LSC			09/30/2024	LSC				09/30/2024	LSC			09/30/2024	
ID Prefix Reg. #	F0758 483.45(c)(3)(e)(1)-(5)	Correction Completed	ID Prefix				Correction	ID Prefix			Correction	
			- 09/30/2024					Completed				Completed	
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D Prefix Correct			Correction	ID Prefix				Correction	ID Prefix			Correction	
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REVIEWED BY STATE AGENCY			DATE	DATE SIGNATUI		RE OF SURVEYOR				DATE			
REVIEWED BY REV			VED BY DATE .S)			TITLE					DATE		
EQ. 1.014/	ID TO CUDVEY O	OMBI ETE	D 0N			4 NIV INIC O		D DEFICIENCIES	. MAC V CLIVA	MARYOF			

9/6/2024

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO