					IFICATION	N KEVISII KE	FURI		_	
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSIDENTIFICATION NUMBER A. Building				TRUCTION					DATE O	F REVISIT
345503	, I OIV IVO	.viDLI\	A. Building B. Wing					Y2	10/17/2	.024 _{Y3}
NAME OF	FACILITY					STREET ADDRESS, CIT	Y, STATE, ZIF	CODE	<u> </u>	
		NS NS	SG & REHAB CTR OF RO	WAN COUN	ITY	4412 SOUTH MAIN STR				
						SALISBURY, NC 28147				
program, corrected	to show the conduction	nose o late so nd the	by a qualified State surveyor deficiencies previously repo uch corrective action was a e identification prefix code p	orted on the ccomplished	CMS-2567, Statem d. Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Cor d using eithe	rection, that have er the regulation o	been or LSC	
ITEM			DATE	DATE ITEM		DATE ITEM			DATE	
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	F0584		Correction	ID Prefix	F0637	Correction	ID Prefix	F0658		Correction
Reg. #	483.10(i)(1)-(7)	Completed	Reg. #	483.20(b)(2)(ii)	Completed	Reg. #	483.21(b)(3)(i)		Completed
LSC			10/02/2024	LSC		10/02/2024	LSC			10/02/2024
				100			100			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			Completed
				150			100			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed
LSC				LSC			LSC			
				1200			200			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			
				-						
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. # Completed			Reg. #		Completed	Reg.#			Completed	
LSC			LSC			LSC				
REVIEWED BY STATE AGENCY			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWED BY CMS RO			REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWU		VEY C	OMPLETED ON			RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN				s 🗆 NO

9/11/2024

YES NO