		POST	-CERT	TIFICATION	ON REVIS	IT RE	EPORT	•		
IDENTIFIC	R / SUPPLIER / CLIA / CATION NUMBER	A. Building							DATE OF REVISIT	
345307 _{Y1} B. Wing									10/25/2024 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
THE IVY AT GASTONIA LLC					4414 WILKINSON BLVD					
					GASTONIA, NO	28056				
program, corrected provision	ort is completed by a qua to show those deficienced and the date such corre number and the identifice ey report form).	ies previously repective action was	orted on the accomplishe	CMS-2567, Sta d. Each deficie	atement of Deficier ency should be fully	ncies and ridentifie	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		Υ	Y5			Y5	
ID Prefix	F0552	Correction	ID Prefix	F0695	Corre	ection	ID Prefix	F0760	Correction	
Reg.#	483.10(c)(1)(4)(5)	Completed	Reg. #	483.25(i)	Comp	oleted	Reg.#	483.45(f)(2)	Completed	
LSC		· 10/01/2024	LSC		 10/01/	2024	LSC		 10/01/2024	
		_	1							
ID Prefix	F0880	Correction	ID Prefix		Corre	ection	ID Prefix		Correction	
Reg.#	483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #		Comp	alatad	Reg.#		Completed	
		Completed			Comp	Jieteu			Completed	
LSC		10/01/2024	LSC				LSC			
ID Prefix		Correction	ID Prefix		Corre	ection	ID Prefix		Correction	
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LSC			LSC	-			LSC			
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ID Prefix		Correction	ID Prefix		Corre	ection	ID Prefix		Correction	
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LSC			LSC				LSC			
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ID Prefix		Correction	ID Prefix		Corre	ection	ID Prefix		Correction	
Reg.#		Completed	Reg.#		Comp	oleted	Reg. #		Completed	
LSC			LSC				LSC			

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

STATE AGENCY

REVIEWED BY

CMS RO

8/27/2024

REVIEWED BY

REVIEWED BY

(INITIALS)

(INITIALS)

DATE

DATE

TITLE

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO

DATE

DATE