			POST	-CERT	IFICATIO	N REVISIT RE	EPORT				
	R / SUPPLIER / C		MULTIPLE CONS	STRUCTION					DATE O	F REVISIT	
IDENTIFICATION NUMBER 345341 A. Building B. Wing								Y2	12/18/2	024 _{Y3}	
NAME OF	FACILITY					STREET ADDRESS, CIT	Y, STATE, ZIP CODE				
SILVER E	BLUFF INC			100 SILVER BLUFF DRIVE							
						CANTON, NC 28716					
program, corrected provision	to show those d I and the date su	leficiencie ich correc	es previously rep ctive action was a	orted on the accomplishe	CMS-2567, State d. Each deficiency	and/or Clinical Laborato ment of Deficiencies and y should be fully identifie -2567 (prefix codes show	I Plan of Correction, ed using either the re	that have b gulation or	LSC		
ITEM			DATE ITEM			DATE	DATE ITEM DAT			DATE	
Y4			Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0761		Correction	ID Prefix	F0804	Correction	ID Prefix			Correction	
Reg. #	483.45(g)(h)(1)(2	2)	Completed	Reg.#	483.60(d)(1)(2)	Completed	Reg. #			Completed	
LSC			 11/29/2024 	LSC		12/02/2024	LSC				
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				
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Reg. # LSC			_ Completed	Reg. #	-	Completed	Reg. #			Completed	
			_	LSC							
ID Prefix Correction			Correction	ID Prefix		Correction	ID Prefix		Correction		
Reg. # Co			Completed	Reg. #		Completed	Reg. #		Completed		
LSC			LSC			LSC					
REVIEWED BY REVIEWED BY (INITIALS)			DATE SIGNATURE OF		RE OF SURVEYOR	URVEYOR		DATE			
REVIEWED BY REVIEW (INITIAL:				DATE TITLI		E			DATE		
FOLLOWI	JP TO SURVEY C	OMPLETE	D ON			PRRECTED DEFICIENCIES IENCIES (CMS-2567) SEN			□ ve	:	

11/7/2024

YES NO