STATE FORM: REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
NH0559 _{Y1}	B. Wing	Y2	1/7/2025	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
WILLOWBROOKE COURT SC CTR AT TRYON ESTATES		619 LAUREL LAKE DRIVE						
		COLUMBUS, NC 28722						
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such								

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

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ITEM	DATE	ITEM	DATE	ITEM	DATE	
Y4	Y5	Y4	Y5	Y4	Y5	
ID Prefix L0049 Reg. # .2210(A)	Completed	ID Prefix <u>L0098</u> Reg. #	D)(8) Completed	ID Prefix Reg. #	Correction Completed	
LSC	12/17/2024	LSC	12/17/2024	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		
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	SIGNATURE OF SURVEYOR		DATE	
REVIEWED BY CMS RO (INITIALS)		DATE	TITLE		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/20/2024		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO				

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