**ID Prefix** 

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POST-CERTIFICATION REVISIT REPORT									
	PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							DATE OF REVISIT	
345316	CATION NUMBER Y1	A. Building B. Wing					Y2	1/10/2025	Y3
NAME OF	FACILITY				STREET ADDRESS, CI	ΓΥ, STATE, ZII	P CODE		
SENIOR CITIZENS HOME					2275 RUIN CREEK ROAD				
HENDERSON, NC 27537									
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	ITEM		DATE	ITEM		D	ATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0641	Correction	ID Prefix	F0657	Correction	ID Prefix	F0698	Со	rrection
Reg.#	483.20(g)	Completed	Reg. #	483.21(b)(2)(i)-(iii)	Completed	Reg. #	483.25(I)	Co	mpleted
LSC		- 12/31/2024 -	LSC		12/31/2024	LSC		12/	31/2024
ID Prefix	F0838	Correction	ID Prefix	F0851	Correction	ID Prefix		Co	rrection
Reg. #	483.71(a)(1)(3)(b)(1)(c) (1)-(5)	Completed	Reg. #	483.70(p)(1)-(5)	Completed	Reg. #		Co	mpleted
LSC		12/31/2024	LSC		12/31/2024	LSC			

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