ID Prefix

		POS1	-CERT	IFICATIO	N REVISIT RI	EPORT	•			
	R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CONS A. Building B. Wing	STRUCTION Y2					1/14/20	DATE OF REVISIT 1/14/2025 Y3	
NAME OF FACILITY WINDSOR POINT CONTINUING CARE					STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526					
program, corrected provision	, to show those deficience d and the date such corr	cies previously reprective action was	orted on the accomplishe	CMS-2567, State d. Each deficienc	and/or Clinical Laborato ement of Deficiencies and by should be fully identifie 6-2567 (prefix codes sho	d Plan of Cor ed using eith	rection, that have er the regulation o	e been or LSC		
ITEM		DATE	ITEM		DATE	ITEM			DATE	
Y4	ļ 	Y5	Y4		Y5	Y4			Y5	
ID Prefix Reg. # LSC	F0583 483.10(h)(1)-(3)(i)(ii)	Correction Completed 12/22/2024	ID Prefix Reg. # LSC	F0656 483.21(b)(1)(3)	Correction Completed 12/25/2024	ID Prefix Reg. # LSC	F0695 483.25(i)		Correction Complete 12/25/20	eted
ID Prefix Reg. # LSC	F0728 483.35(d)(1)-(3)	Correction Completed 12/25/2024	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correc	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correc	tion
Reg. #		Completed	Reg. #		Completed	Reg. #			Comple	eted
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