## POST-CERTIFICATION REVISIT REPORT

1 661 GERTH IGATION RELIGIT									
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION  A. Building		DATE OF REVISIT						
345329 <sub>Y1</sub>	B. Wing	Y2	1/22/2025 <sub>Y3</sub>						
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE							
GATEWAY REHABILITATION AND HEALTHCARE		2030 HARPER AVENUE NW							
		LENOIR, NC 28645							
	es previously reported on the CMS-2567, Staten	and/or Clinical Laboratory Improvement Amendments nent of Deficiencies and Plan of Correction, that have	been						

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments 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		DATE	
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0609 483.12(b)(5)(i)(A)(E (1)(4)	Correction  B)(c) Completed 01/08/2025	ID Prefix Reg. # LSC	F0641 483.20(g)	Correction  Completed 01/08/2025	ID Prefix Reg. # LSC	F0656 483.21(b)(1)(3)	Correction  Completed 01/08/2025
ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(iii)	Correction  Completed 01/08/2025	ID Prefix Reg. # LSC	F0658 483.21(b)(3)(i)	Correction  Completed 01/08/2025	ID Prefix Reg. # LSC	F0689 483.25(d)(1)(2)	Correction  Completed 01/08/2025
ID Prefix Reg. # LSC	F0695 483.25(i)	Correction  Completed 01/08/2025	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction  Completed
ID Prefix Reg. # LSC		Correction  Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction  Completed
ID Prefix Reg. # LSC		Correction	ID Prefix Reg. # LSC		Correction  Completed	ID Prefix Reg. # LSC		Correction
REVIEWED BY STATE AGENCY (INITIALS)  REVIEWED BY CMS RO (INITIALS)  FOLLOWUP TO SURVEY COMPLETED ON		DATE  DATE  CHE	SIGNATURE O  TITLE  CK FOR ANY UNCORRE		S. WAS A SLIM	DA DA		
12/17/2024		- LINGS DESCRIPTION DE SIGNES (ON S. SECT.) SENTE ES EN SU LETAS				YES NO		