POST-CERTIFICATION REVISIT REPORT									
R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CONSTRUCTION A. Building						DATE OF REVISIT		
Y1	b. Willig		-			Y2	4/11/2023	Y3	
NAME OF FACILITY AUTUMN CARE OF BISCOE				STREET ADDRESS, CITY, STATE, ZIP CODE					
				BISCOE, NC 27209					
to show those deficienci and the date such corre	es previously repo	orted on the accomplishe	CMS-2567, Statem d. Each deficiency	ent of Deficiencies and should be fully identifie	Plan of Cored using eith	rection, that have er the regulation o	r LSC		
ITEM DATE		ITEM		DATE	ITEM			DATE	
	Y5	Y4		Y5	Y4			Y5	
F0609	Correction	ID Prefix	F0623	Correction	ID Prefix	F0641	C	Correction	
483.12(b)(5)(i)(A)(B)(c) (1)(4)	Completed	Reg. #	483.15(c)(3)-(6)(8)	Completed	Reg. #	483.20(g)	C	completed	
	03/25/2025	LSC		03/25/2025	LSC		0	3/25/2025	
F0656	Correction	ID Prefix		Correction	ID Prefix		C	Correction	
483.21(b)(1)(3)	Completed	Reg. #		Completed	Reg.#		C	ompleted	
	03/25/2025	LSC			LSC				
	Correction	ID Prefix						Correction	
	F0656	R / SUPPLIER / CLIA / CATION NUMBER THE PROPERTY OF THE PROPE	MULTIPLE CONSTRUCTION A. Building B. Wing FACILITY IN CARE OF BISCOE Out is completed by a qualified State surveyor for the Month of the shown those deficiencies previously reported on the standard the date such corrective action was accomplished number and the identification prefix code previously stay report form). M. DATE ITEM Y5 Y4 F0609 Correction ID Prefix 483.12(b)(5)(i)(A)(B)(c) (1)(4) Completed Reg. # 03/25/2025 LSC F0656 Correction ID Prefix 483.21(b)(1)(3) Completed Reg. # 03/25/2025 LSC	MULTIPLE CONSTRUCTION A. Building B. Wing FACILITY N CARE OF BISCOE Ort is completed by a qualified State surveyor for the Medicare, Medicaid a to show those deficiencies previously reported on the CMS-2567, Statem and the date such corrective action was accomplished. Each deficiency number and the identification prefix code previously shown on the CMS-2 by report form). M DATE ITEM Y5 Y4 F0609 Correction ID Prefix F0623 483.12(b)(5)(i)(A)(B)(c) (1)(4) Completed Reg. # 03/25/2025 LSC F0656 Correction ID Prefix F0656 Correction ID Prefix Medicaid and to show those deficiency and the identification prefix code previously shown on the CMS-2 by report form).	R / SUPPLIER / CLIA / A. Building B. Wing FACILITY N CARE OF BISCOE To CARE OF BISCOE To It is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laborato to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and and the date such corrective action was accomplished. Each deficiency should be fully identified number and the identification prefix code previously shown on the CMS-2567 (prefix codes shownly report form). M DATE ITEM DATE Y5 Y4 Y5 F0609 Correction ID Prefix F0623 Correction 483.12(b)(5)(i)(A)(B)(c) Completed Reg. # A83.15(c)(3)-(6)(8) (11)(4) Completed Completed	R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CONSTRUCTION A Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209 Port is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation o number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirem by report form). M DATE ITEM Y5 Y4 Y5 Y4 F0609 Correction ID Prefix F0623 Correction ID Prefix F0641 483.12(b)(5)(i)(A)(B)(c) (1)(4) Completed Reg. # 483.15(c)(3)-(6)(8) Completed Reg. # 483.20(g) 182.21(b)(1)(3) Completed Reg. # Correction ID Prefix F0656 Completed Reg. # Correction ID Prefix Completed Reg. # R	A Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 4/17/2025 FACILITY IS CARE OF BISCOE STREET ADDRESS, CITY, STATE, ZIP CODE 4/17/2025 A Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 4/17/2025 STREET ADDRESS, CITY, STATE, ZIP CODE 4/17/2025 A STREET ADDRESS, CITY, STATE, ZIP CODE 4/17/2025 AND LAMBERT ROAD BISCOE, NC 27/209 Fort is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on by report form). M DATE ITEM DATE ITEM Y5 Y4 Y5 Y5	