			POST	-CERT	<u>IFICA</u>	TION	RE'	VISIT RI	<b>EPORT</b>	• 			
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER			MULTIPLE CONS	TRUCTION							DATE C	F REVIS	IT
345535	, THO THOMBER	Y1	B. Wing							Y2	5/21/20	)25	Y3
NAME OF	FACILITY			5	STREET	ADDRESS, CIT	Y, STATE, ZIF	CODE					
ADAMS F	FARM LIVING &					CKAY ROAD							
						,	JAMEST	OWN, NC 2728	2				
program, corrected provision	to show those d and the date su	eficiencie ch correc	s previously repo tive action was a	orted on the accomplished	CMS-2567 d. Each de	7, Stateme eficiency s	ent of D should b	eficiencies and e fully identifie	Plan of Cor d using eith	ent Amendments rection, that have er the regulation o of each requireme	r LSC		
ITEM			DATE	ITEM				DATE	ITEM			DATE	
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0711		Correction	ID Prefix	F0756			Correction	ID Prefix	F0842		Correc	ction
Reg. #	483.30(b)(1)-(3)		Completed	Reg. #	483.45(c)(	1)(2)(4)(5)		Completed	Reg. #	483.20(f)(5), 483.7 (1)-(5)	0(h)	Comp	leted
LSC			- 05/17/2025 -	LSC				05/17/2025	LSC	(1) (0)		05/17/2	2025
									<u> </u>				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correc	ction
Reg. #			Completed	Reg. #				Completed	Reg. #			Comp	leted
LSC			_	LSC					LSC			-	
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correc	otion
Reg.#			Completed	Reg. #				Completed	Reg. #			Comp	leted
LSC			_	LSC					LSC			-	
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correc	otion
Reg. #		Completed	Reg. #				Completed	Reg. #			Comp	eted	
LSC		_	LSC					LSC			-		
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correc	otion
Reg. #		Completed	Reg. #				Completed	Reg. #			Comp	eted	
LSC			_	LSC					LSC				
REVIEWED BY REVIEWED BY				DATE	DATE SIGNATURE OF SURVEYOR						DATE		

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

REVIEWED BY

CMS RO

5/1/2025

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

DATE

YES NO

DATE