POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345385 _{Y1}	B. Wing	Y2	6/12/2025	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
CARDINAL HEALTHCARE AND RI	EHAB	931 N ASPEN STREET		
		LINCOLNTON, NC 28092		

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).

ITE	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0641 483.20(g)(h)(i)(j)	Correction Completed 06/03/2025	ID Prefix Reg. # LSC	F0656 483.21(b)(1)(3)	Correction Completed 06/03/2025	ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)(e)(f)	Correction Completed 06/03/2025
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction
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REVIEWE STATE AG REVIEWE CMS RO		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) OMPLETED ON		SIGNATURE OF TITLE	TED DEFICIENCIES			
5/8/2025			UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					