

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345419	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/30/2025
NAME OF FACILITY LEXINGTON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 17 CORNELIA DRIVE LEXINGTON, NC 27292	

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0561	Correction	ID Prefix F0565	Correction	ID Prefix F0578	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	05/27/2025	LSC	05/27/2025	LSC	05/27/2025
ID Prefix F0580	Correction	ID Prefix F0658	Correction	ID Prefix F0689	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	05/27/2025	LSC	05/27/2025	LSC	05/27/2025
ID Prefix F0693	Correction	ID Prefix F0695	Correction	ID Prefix F0757	Correction
Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.45(d)(1)-(6)	Completed
LSC	05/27/2025	LSC	05/27/2025	LSC	05/27/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/29/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			