			POST	-CERT	IFICAT	ION R	EVISIT RE	PORT	ı			
	R / SUPPLIER / C CATION NUMBER		MULTIPLE CONS A. Building	TRUCTION							F REVISIT	
345130 _{Y1} B. Wing									Y2	10/27/2	.021 _{Y3}	
NAME OF FACILITY							STREET ADDRESS, CITY, STATE, ZIP CODE					
ACCORE	IUS HEALTH A	DRD				LAKE CONCORD RO	DAD NE					
						CON	ICORD, NC 28025					
program, corrected provision	to show those of	deficiencie uch correc	es previously repo ctive action was a	orted on the ccomplished	CMS-2567, S d. Each defic	tatement of	r Clinical Laborator of Deficiencies and ıld be fully identifie (prefix codes show	Plan of Cor d using eithe	rection, that have l er the regulation or	LSC		
ITEM			DATE	ITEM			DATE	ITEM			DATE	
Y4			Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0580		Correction	ID Prefix	F0657		Correction	ID Prefix	F0686		Correction	
Reg.#	483.10(g)(14)(i)-(iv)(15)		Completed	Reg. #	483.21(b)(2)(i))-(iii)	Completed	Reg.#	483.25(b)(1)(i)(ii)		Completed	
LSC			09/28/2021	LSC			09/28/2021	LSC			09/28/2021	
				1200							•	
ID Prefix	F0725		Correction	ID Prefix			Correction	ID Prefix			Correction	
Reg.#	483.35(a)(1)(2)		Completed	Reg. #			Completed	Reg.#			Completed	
LSC			09/28/2021	LSC				LSC				
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ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction	
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ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction	
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Reg. #		Completed	Reg. #			Completed	Reg.#			Completed		
LSC		- · ·	LSC			· 	LSC					
REVIEWE STATE AG		REVIEW (INITIAL		DATE	SIGN	IATURE OF	SURVEYOR			DATE		

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

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

REVIEWED BY

CMS RO

8/31/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

TITLE

DATE

YES NO

DATE