

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345092	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/20/2022	Y3
NAME OF FACILITY THE CITADEL AT WINSTON SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC 27104		

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 F0550	Correction	ID Prefix F0558	Correction	ID Prefix F0578	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022
ID Prefix F0580	Correction	ID Prefix F0641	Correction	ID Prefix F0655	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(a)(1)-(3)	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022
ID Prefix F0677	Correction	ID Prefix F0684	Correction	ID Prefix F0689	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022
ID Prefix F0692	Correction	ID Prefix F0695	Correction	ID Prefix F0727	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.35(b)(1)-(3)	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022
ID Prefix F0732	Correction	ID Prefix F0803	Correction	ID Prefix F0807	Correction
Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.60(d)(6)	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0809	Correction	ID Prefix F0812	Correction	ID Prefix F0835	Correction
Reg. # 483.60(f)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.70	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022
ID Prefix F0867	Correction	ID Prefix F0883	Correction	ID Prefix F0888	Correction
Reg. # 483.75(g)(2)(ii)	Completed	Reg. # 483.80(d)(1)(2)	Completed	Reg. # 483.80(i)(1)-(3)(i)-(x)	Completed
LSC	06/21/2022	LSC	06/21/2022	LSC	06/21/2022
ID Prefix F0908	Correction				
Reg. # 483.90(d)(2)	Completed				
LSC	06/21/2022				

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/24/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		