

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345562	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/18/2024	Y3
NAME OF FACILITY CLEAR CREEK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10506 CLEAR CREEK COMMERCE DRIVE MINT HILL, NC 28227		

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 F0554	Correction	ID Prefix F0565	Correction	ID Prefix F0578	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	12/27/2023	LSC	12/27/2023	LSC	12/27/2023
ID Prefix F0585	Correction	ID Prefix F0600	Correction	ID Prefix F0607	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed
LSC	12/27/2023	LSC	12/27/2023	LSC	12/27/2023
ID Prefix F0656	Correction	ID Prefix F0677	Correction	ID Prefix F0689	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	12/27/2023	LSC	12/27/2023	LSC	12/27/2023
ID Prefix F0695	Correction	ID Prefix F0761	Correction	ID Prefix F0806	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	12/27/2023	LSC	12/27/2023	LSC	12/27/2023
ID Prefix F0807	Correction	ID Prefix F0810	Correction	ID Prefix F0867	Correction
Reg. # 483.60(d)(6)	Completed	Reg. # 483.60(g)	Completed	Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed
LSC	12/27/2023	LSC	12/27/2023	LSC	12/27/2023

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 F0880	Correction	ID Prefix F0882	Correction		
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(b)(1)-(4)	Completed		
LSC	12/27/2023	LSC	12/27/2023		

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 11/17/2023		<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		