

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345567	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/20/2021	Y3
NAME OF FACILITY AUTUMN CARE OF CORNELIUS			STREET ADDRESS, CITY, STATE, ZIP CODE 19530 MOUNT ZION PARKWAY CORNELIUS, NC 28031		

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 F0578	Correction	ID Prefix F0580	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed
LSC	06/23/2021	LSC	06/23/2021	LSC	06/23/2021
ID Prefix F0636	Correction	ID Prefix F0655	Correction	ID Prefix F0656	Correction
Reg. # 483.20(b)(1)(2)(i)(iii)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)	Completed
LSC	06/23/2021	LSC	06/23/2021	LSC	06/23/2021
ID Prefix F0677	Correction	ID Prefix F0689	Correction	ID Prefix F0695	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(i)	Completed
LSC	06/23/2021	LSC	06/23/2021	LSC	06/23/2021
ID Prefix F0697	Correction	ID Prefix F0700	Correction	ID Prefix F0759	Correction
Reg. # 483.25(k)	Completed	Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	06/23/2021	LSC	06/23/2021	LSC	06/23/2021
ID Prefix F0761	Correction	ID Prefix F0800	Correction	ID Prefix F0806	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	06/23/2021	LSC	06/23/2021	LSC	06/23/2021

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 F0808	Correction	ID Prefix F0812	Correction	ID Prefix F0842	Correction
Reg. # 483.60(e)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	06/23/2021	LSC	06/23/2021	LSC	06/23/2021
ID Prefix F0880	Correction				
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed				
LSC	06/23/2021				

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 6/4/2021		<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		