

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345179	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/24/2021	Y3
NAME OF FACILITY ACCORDIUS HEALTH AT MOORESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 752 E CENTER AVENUE MOORESVILLE, NC 28115		

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 F0554	Correction	ID Prefix F0558	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(e)(3)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0561	Correction	ID Prefix F0567	Correction	ID Prefix F0578	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(f)(10)(i)(ii)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0584	Correction	ID Prefix F0585	Correction	ID Prefix F0657	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0677	Correction	ID Prefix F0686	Correction	ID Prefix F0688	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(c)(1)-(3)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0689	Correction	ID Prefix F0693	Correction	ID Prefix F0695	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.25(i)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
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 F0725	Correction	ID Prefix F0759	Correction	ID Prefix F0761	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0804	Correction	ID Prefix F0806	Correction	ID Prefix F0808	Correction
Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed	Reg. # 483.60(e)(1)(2)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0809	Correction	ID Prefix F0812	Correction	ID Prefix F0842	Correction
Reg. # 483.60(f)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	07/26/2021	LSC	07/26/2021	LSC	07/26/2021
ID Prefix F0880	Correction	ID Prefix F0921	Correction		
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.90(i)	Completed		
LSC	07/26/2021	LSC	07/26/2021		

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 6/25/2021		<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>		