

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345179	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/22/2024	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 F0554	Correction	ID Prefix F0578	Correction	ID Prefix F0626	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.15(e)(1)(2)	Completed
LSC	07/17/2024	LSC	07/17/2024	LSC	07/17/2024
ID Prefix F0641	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	07/17/2024	LSC	07/17/2024	LSC	07/17/2024
ID Prefix F0677	Correction	ID Prefix F0678	Correction	ID Prefix F0684	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.24(a)(3)	Completed	Reg. # 483.25	Completed
LSC	07/17/2024	LSC	07/17/2024	LSC	07/17/2024
ID Prefix F0689	Correction	ID Prefix F0690	Correction	ID Prefix F0695	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed
LSC	07/17/2024	LSC	07/17/2024	LSC	07/17/2024
ID Prefix F0697	Correction	ID Prefix F0726	Correction	ID Prefix F0758	Correction
Reg. # 483.25(k)	Completed	Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed
LSC	07/17/2024	LSC	07/17/2024	LSC	07/17/2024

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 F0759	Correction	ID Prefix F0761	Correction	ID Prefix F0841	Correction
Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.70(h)(1)(2)	Completed
LSC	07/17/2024	LSC	07/17/2024	LSC	07/17/2024
ID Prefix F0842	Correction	ID Prefix F0925	Correction		
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.90(i)(4)	Completed		
LSC	07/17/2024	LSC	07/17/2024		

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 6/13/2024		<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		