483.25(g)(1)-(3)

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		POS1	-CERT	TFICATIO	N REVISIT R	EPORT	•			
PROVIDE	PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							DATE OF REVISIT		
IDENTIFIC 345403	IDENTIFICATION NUMBER 345403 4. Building B. Wing							12/30/2024	Y3	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
CARY HEALTH AND REHABILITATION 6590					6590 TRYON ROAD	6590 TRYON ROAD				
CARY, NC 27518										
the survey report form). ITEM		DATE	ITEM		DATE	ITEM		DATE	 E	
Y4		Y5	Y4		Y5	Y4		Y5		
ID Prefix	F0580	Correction	ID Prefix	F0641	Correction	ID Prefix	F0684	Corre	ction	
- "	483.10(g)(14)(i)-(iv)(15)	_		483.20(g)			483.25			
Reg.#		Completed	Reg. #		Completed	Reg. #		Comp	leted	
LSC		12/18/2024	LSC		12/18/2024	LSC		12/18/2	2024	
ID Prefix	F0692	Correction	ID Prefix	F0919	Correction	ID Prefix		Corre	ction	

483.90(g)(1)(2)

Completed

12/18/2024

Correction

Completed

Reg.#

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12/18/2024

Correction

Completed