			POST	-CERT	IFICATI	ON RE	EVISIT RE	EPORT	•		
IDENTIFICATION NUMBER A.			MULTIPLE CONSTRUCTION A. Building							DATE OF REVISIT	
345080 _{Y1} B. Wing								Y2	5/30/20)25 _{Y3}	
NAME OF FACILITY							ET ADDRESS, CIT		CODE		
THE GRI	EENS AT VIEWM		220 13TH AVENUE PLACE NW								
						HICKC	PRY, NC 28601				
program, corrected provision	l and the date suc	ficiencie h correc	es previously repo ctive action was a	orted on the accomplished	CMS-2567, St d. Each defici	tatement of ency should	Deficiencies and be fully identifie	I Plan of Cor ed using eithe	ent Amendments rection, that have er the regulation o of each requirem	r LSC	
ITEM			DATE	ITEM			DATE ITEM			DATE	
Y4			Y5	Y4			Y5	Y4			Y5
ID Prefix	F0641		Correction	ID Prefix	F0658		Correction	ID Prefix	F0759		Correction
Reg.#	483.20(g)		Completed	Reg. #	483.21(b)(3)(i)		Completed	Reg.#	483.45(f)(1)		Completed
LSC			05/13/2025	LSC			- 05/13/2025	LSC			05/13/2025
											-
ID Prefix	F0880		Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #	483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #			Completed	Reg.#			Completed
LSC			05/13/2025	LSC			_	LSC			_
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg. #			Completed
LSC			- -	LSC			-	LSC			-
ID Prefix			Correction	ID Prefix	_		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #			Completed	Reg. #			Completed
LSC			_	LSC			_	LSC			-
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #		Completed	Reg. #			Completed	Reg. #			Completed	
LSC			_	LSC			-	LSC			-
REVIEWED BY STATE AGENCY (INITIALS)				DATE SIGNATURE OF SURVEYOR						DATE	

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

REVIEWED BY

CMS RO

5/1/2025

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

DATE

YES NO

DATE