POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345328 _{Y1}	B. Wing	Y2	6/1/2021	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
GIVENS HEALTH CENTER		600 BARRETT LANE		
		ASHEVILLE, NC 28803		

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).

ITE	м	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	F0582 483.10(g)(17)(18	Correction)(i)-(v) Completed 04/23/2021	ID Prefix Reg. # LSC	F0583 483.10(h)(1)-(3)(i)(ii)	Correction Completed 04/23/2021	ID Prefix Reg. # LSC	F0607 483.12(b)(1)-(3)		Correction Completed 04/23/2021
ID Prefix Reg. #	F0761 483.45(g)(h)(1)(2	Completed	ID Prefix Reg. #		Correction Completed	ID Prefix Reg. #			Correction Completed
LSC		04/23/2021	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 REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE	OF SURVEYOR			DATE		
REVIEWED BY CMS RO		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 4/9/2021				CK FOR ANY UNCORR				YES	
Form CMS - 2567B (09/92) EF (11/06)				Page 1 of 1			EVENT ID:	TZS212	