

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345223	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/31/2023	Y3
NAME OF FACILITY VALLEY HILL HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739		

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 F0641	Correction	ID Prefix F0655	Correction	ID Prefix F0684	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.25	Completed
LSC	02/17/2023	LSC	02/17/2023	LSC	02/17/2023
ID Prefix F0712	Correction	ID Prefix F0732	Correction	ID Prefix F0756	Correction
Reg. # 483.30(c)(1)-(4)	Completed	Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	02/17/2023	LSC	02/17/2023	LSC	02/17/2023
ID Prefix F0757	Correction	ID Prefix F0758	Correction	ID Prefix F0805	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.60(d)(3)	Completed
LSC	02/17/2023	LSC	02/17/2023	LSC	02/17/2023
ID Prefix F0812	Correction	ID Prefix F0839	Correction	ID Prefix F0842	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.70(f)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	02/17/2023	LSC	02/17/2023	LSC	02/17/2023
ID Prefix F0867	Correction	ID Prefix F0880	Correction	ID Prefix F0885	Correction
Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(g)(3)(i)-(iii)	Completed
LSC	02/17/2023	LSC	02/17/2023	LSC	02/17/2023

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	F0886	Correction			
Reg. #	483.80 (h)(1)-(6)	Completed			
LSC		02/17/2023			

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 1/20/2023			<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		