

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345432	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/7/2024	Y3
NAME OF FACILITY RIVER BEND HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 213 RICHMOND HILL DRIVE ASHEVILLE, NC 28806		

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 F0553	Correction	ID Prefix F0583	Correction	ID Prefix F0600	Correction
Reg. # 483.10(c)(2)(3)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.12(a)(1)	Completed
LSC	07/23/2024	LSC	07/23/2024	LSC	07/23/2024
ID Prefix F0602	Correction	ID Prefix F0607	Correction	ID Prefix F0656	Correction
Reg. # 483.12	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	07/23/2024	LSC	07/23/2024	LSC	07/23/2024
ID Prefix F0658	Correction	ID Prefix F0692	Correction	ID Prefix F0712	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.30(c)(1)-(4)	Completed
LSC	07/23/2024	LSC	07/23/2024	LSC	07/23/2024
ID Prefix F0727	Correction	ID Prefix F0755	Correction	ID Prefix F0761	Correction
Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	07/23/2024	LSC	07/23/2024	LSC	07/23/2024
ID Prefix F0880	Correction	ID Prefix F0883	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(d)(1)(2)	Completed	Reg. #	Completed
LSC	07/23/2024	LSC	07/23/2024	LSC	

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 6/27/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO