

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345302	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/27/2024	Y3
NAME OF FACILITY VERO HEALTH & REHAB OF SYLVA			STREET ADDRESS, CITY, STATE, ZIP CODE 417 CLOVERDALE ROAD SYLVA, NC 28779		

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 F0550	Correction	ID Prefix F0553	Correction	ID Prefix F0558	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(2)(3)	Completed	Reg. # 483.10(e)(3)	Completed
LSC	08/20/2024	LSC	08/20/2024	LSC	08/20/2024
ID Prefix F0561	Correction	ID Prefix F0584	Correction	ID Prefix F0609	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	08/20/2024	LSC	08/20/2024	LSC	08/20/2024
ID Prefix F0644	Correction	ID Prefix F0677	Correction	ID Prefix F0688	Correction
Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(c)(1)-(3)	Completed
LSC	08/20/2024	LSC	08/20/2024	LSC	08/20/2024
ID Prefix F0689	Correction	ID Prefix F0690	Correction	ID Prefix F0695	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed
LSC	08/20/2024	LSC	08/20/2024	LSC	08/20/2024
ID Prefix F0726	Correction	ID Prefix F0812	Correction	ID Prefix F0880	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	08/20/2024	LSC	08/20/2024	LSC	08/20/2024

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	F0883	Correction			
Reg. #	483.80(d)(1)(2)	Completed			
LSC		08/20/2024			

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 7/30/2024			<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		