

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345247	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/25/2024	Y3
NAME OF FACILITY VALLEY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		

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 F0606	Correction	ID Prefix F0607	Correction	ID Prefix F0623	Correction
Reg. # 483.12(a)(3)(4)	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed
LSC	10/09/2024	LSC	10/09/2024	LSC	10/09/2024
ID Prefix F0655	Correction	ID Prefix F0658	Correction	ID Prefix F0661	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.21(c)(2)(i)-(iv)	Completed
LSC	10/09/2024	LSC	10/09/2024	LSC	10/09/2024
ID Prefix F0678	Correction	ID Prefix F0684	Correction	ID Prefix F0686	Correction
Reg. # 483.24(a)(3)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	10/09/2024	LSC	10/09/2024	LSC	10/09/2024
ID Prefix F0692	Correction	ID Prefix F0726	Correction	ID Prefix F0755	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	10/09/2024	LSC	10/09/2024	LSC	10/09/2024
ID Prefix F0761	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	10/09/2024	LSC	10/09/2024	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 10/8/2024		<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		