POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
	A. Building			
345463 _{Y1}	B. Wing	Y2	11/22/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CARE CENTER OF HENDERSONVILLE		400 THOMPSON STREET		
		HENDERSONVILLE, NC 28792		

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	M	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0636 483.20(b)(1)(2)(i)(iii	Correction Completed 11/22/2024	ID Prefix Reg. # LSC	F0638 483.20(c)	Correction Completed 11/22/2024	ID Prefix Reg. # LSC	F0640 483.20(f)(1)-(4)	Correction Completed 11/22/2024
ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 11/22/2024	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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