**Statement of Deficiencies and Plan of Correction**

**Provider/Supplier/CLIA Identification Number:**

345302

**Date Survey Completed:**

09/26/2019

**Name of Provider or Supplier:**

Vero Health & Rehab of Sylva

**Street Address, City, State, Zip Code:**

417 Cloverdale Road

Sylva, NC 28779

**Summary Statement of Deficiencies**

Each deficiency must be preceded by full regulatory or LSC identifying information:

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F000</td>
<td>INITIAL COMMENTS</td>
<td></td>
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An unannounced complaint investigation survey was conducted on 9/26/19. A total of 10 allegations were investigated and all of them were unsubstantiated. Event ID# W7HY11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
An onsite revisit was conducted on 9/26/19 and the facility is back into compliance effective 8/23/19.