POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345285 _{Y1}	B. Wing	Y2	9/15/2021	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDIUS HEALTH AT HENDERSONVILLE LLC		200 HERITAGE CIRCLE		
		HENDERSONVILLE, NC 28791		

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	м	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 08/10/2021	ID Prefix Reg. # LSC	F0644 483.20(e)(1)(2)	Correction Completed 08/10/2021		F0656 483.21(b)(1)		Correction Completed 08/10/2021
ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(ii	Correction Completed 08/10/2021	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
REVIEWE		REVIEWED BY (INITIALS) REVIEWED BY	DATE	SIGNATURE OF	SURVEYOR			DATE	
CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 7/23/2021 Form CMS - 2567B (09/92) EF (11/06)				CK FOR ANY UNCORREC DRRECTED DEFICIENCIE Page 1 of 1				QS6X12	