POST-CERTIFICATION REVISIT REPORT														
	R / SUPPLIER /			MULTIPLE CONS	TRUCTION							DATE C	F REVISIT	
IDENTIFICATION NUMBER 345133 Y1				A. Building B. Wing								2/24/2022 _{Y3}		
	FACILITY		11					TDEET	ADDDESS OF	V CTATE 715	Y2		13	
NAME OF FACILITY ACCORDIUS HEALTH AT WILKESBORO								STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET						
ACCONDICT HEALTHAN WERECODORO								WILKESBORO, NC 28697						
							I_							
program, corrected provision	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				DATE ITEM					DATE ITEM				DATE	
Y4				Y5	Y4				Y5	Y4			Y5	
ID Prefix	efix F0561			Correction	ID Prefix	F0655			Correction	ID Prefix	F0726		Correction	
Reg.#	483.10(f)(1)-(3)(8)			Completed	Reg.#	483.21(3.21(a)(1)-(3)		Completed	Reg.#	483.35(a)(3)(4)(c)		Completed	
LSC			01/21/2022	LSC				01/21/2022	LSC			01/21/2022		
ID Prefix				Correction	ID Prefix	F0880			Correction	ID Prefix			Correction	
Reg.#	483.20(f)(5), 483.70(i)(1)- (5)			Completed	Reg. # 483.80(a)(1)(2)(4)(e		a)(1)(2)(4)(e)(f	f) 	Completed	Reg. #			Completed	
LSC				01/21/2022	LSC				01/21/2022	LSC				
ID Prefix				Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg.#	a. #			Completed	Reg.#				Completed	Reg.#			Completed	
LSC				2 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	LSC				2 - 11 - 12 - 12 - 12	LSC				
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ID Prefix				Correction	ID Prefix				Correction	ID Prefix			Correction	
Reg. #				Completed	Reg. #				Completed	ed Reg. #			Completed	
LSC				LSC					LSC	-				
ID Prefix			Correction	ID Prefix				Correction	ID Prefix			Correction		
Reg. #				Completed	Reg. #				Completed Reg. #				Completed	
LSC					LSC					LSC				
REVIEWED BY REVIEW STATE AGENCY (INITIAL					DATE		SIGNATURE OF S		URVEYOR			DATE		
REVIEWED BY CMS RO			REVIEWED BY (INITIALS)		DATE		TITLE					DATE		

12/22/2021

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO