POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
	A. Building		7/04/0000	
345174 _{Y1}	B. Wing	Y2	7/21/2022	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLINA PINES AT ASHEVILLE		91 VICTORIA ROAD		
		ASHEVILLE, NC 28801		

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	F0550	Correction	ID Prefix	F0561	Correction	ID Prefix	F0580	Correction
Reg.#	483.10(a)(1)(2)(b)((1)(2) Completed	Reg. #	483.10(f)(1)-(3)(8	Completed	Reg.#	483.10(g)(14)(i)-(iv)(15) Completed
LSC		06/22/2022	LSC		06/22/2022	LSC		06/22/2022
ID Prefix	F0584	Correction	ID Prefix	F0585	Correction	ID Prefix	F0600	Correction
Reg.#	483.10(i)(1)-(7)	Completed	Reg.#	483.10(j)(1)-(4)	Completed	Reg. #	483.12(a)(1)	Completed
LSC	-	06/22/2022	LSC		06/22/2022	LSC		06/22/2022
ID Prefix	F0658	Correction	ID Prefix	F0677	Correction	ID Prefix	F0684	Correction
Reg.#	483.21(b)(3)(i)	Completed	Reg.#	483.24(a)(2)	Completed	Reg. #	483.25	Completed
LSC		06/22/2022	LSC		06/22/2022	LSC		06/22/2022
ID Prefix	F0697	Correction	ID Prefix	F0698	Correction	ID Prefix	F0725	Correction
Reg.#	483.25(k) Comp		Reg. #	483.25(I)	Completed	Reg.#	483.35(a)(1)(2)	Completed
LSC		06/22/2022	LSC		06/22/2022	LSC		06/22/2022
ID Prefix	F0732	Correction	ID Prefix	F0755	Correction	ID Prefix	F0756	Correction
Reg. #	483.35(g)(1)-(4)	Completed	Reg. #	483.45(a)(b)(1)-(3) Completed	Reg.#	483.45(c)(1)(2)(4)(5)	Completed
LSC		06/22/2022	LSC		06/22/2022	LSC		06/22/2022
REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNAT	TURE OF SURVEYOR	<u> </u>		DATE
REVIEWED BY REVIEWED CMS RO (INITIALS)		REVIEWED BY (INITIALS)	DATE	TITLE				DATE

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER A. Building							DATE OF REV	'ISIT	
NAME OF CAROLIN	FACILITY NA PINES AT AS	Y1 B. Wing			STREET ADDRESS, CIT 91 VICTORIA ROAD ASHEVILLE, NC 28801	P CODE	7/21/2022	Y3	
program, corrected provision	to show those d and the date su number and the y report form).	eficiencies previously ch corrective action w	reported on the as accomplishe	CMS-2567, Stater d. Each deficiency	and/or Clinical Laborato ment of Deficiencies and should be fully identifie 2567 (prefix codes show	d Plan of Cor ed using eith	rrection, that have er the regulation o	r LSC	T-F
Y4	VI	Y5	Y4		Y5	Y4			'5
ID Prefix Reg. # LSC	F0760 483.45(f)(2)	Correction Complete 06/22/2022	d Reg.#	F0809 483.60(f)(1)-(3)	Correction Completed 06/22/2022	ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2)	Con	rection npleted 2/2022
ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)	Correction Complete 06/22/2022	d Reg.#	F0880 483.80(a)(1)(2)(4)(e	Correction Completed 06/22/2022				
REVIEWEI		REVIEWED BY (INITIALS)	DATE	SIGNATUI	RE OF SURVEYOR			DATE	
REVIEWEI	D ВҮ	REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/1/2022					RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			☐ YES ☐	□ NO