POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345261 _{Y1}	B. Wing	Y2	11/17/2022	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
ALLEGHANY CENTER		179 COMBS STREET		
		SPARTA, NC 28675		

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	F0580	Correction	ID Prefix	F0641	Correction	ID Prefix	F0657		Correction
Reg.#	483.10(g)(14)(i)-(iv)	(15) Completed	Reg. #	483.20(g)	Completed	Reg.#	483.21(b)(2)(i)-(iii)		Completed
LSC		10/28/2022	LSC		10/28/2022	LSC			10/28/2022
ID Prefix	F0684	Correction	ID Prefix	F0686	Correction	ID Prefix	F0688		Correction
Reg.#	483.25	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg.#	483.25(c)(1)-(3)		Completed
LSC		10/28/2022	LSC		10/28/2022	LSC			10/28/2022
ID Prefix	F0689	Correction	ID Prefix	F0690	Correction	ID Prefix	F0695		Correction
Reg. #	483.25(d)(1)(2)	Completed	Reg. #	483.25(e)(1)-(3)	Completed	Reg. #	483.25(i)		Completed
LSC		10/28/2022	LSC		10/28/2022	LSC			- 10/28/2022 -
ID Prefix	F0712	Correction	ID Prefix	F0727	Correction	ID Prefix	F0760		Correction
Reg.#	483.30(c)(1)-(4)	Completed	Reg. #	483.35(b)(1)-(3)	Completed	Reg.#	483.45(f)(2)		Completed
LSC		10/28/2022	LSC		10/28/2022	LSC			10/28/2022
ID Prefix	F0761	Correction	ID Prefix	F0812	Correction	ID Prefix	F0867		Correction
Reg.#	483.45(g)(h)(1)(2)	Completed	Reg. #	483.60(i)(1)(2)	Completed	Reg.#	483.75(g)(2)(ii)		Completed
LSC		10/28/2022	LSC		10/28/2022	LSC			10/28/2022
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE	OF SURVEYOR	I		DATE		
REVIEWE CMS RO		REVIEWED BY (INITIALS)	DATE	TITLE				DATE	

POST-CERTIFICATION REVISIT REPORT

			PU31	-CERTIFI	CATION	N KEVISII I	REPURI			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTION NUMBER A. Building		TRUCTION					DATE OF REVI	SIT		
345261	CATION NUMBER		Building Wing					Y2	11/17/2022	Y3
NAME OF	FACILITY					STREET ADDRESS	CITY, STATE, ZIP CO			
NAME OF FACILITY ALLEGHANY CENTER					179 COMBS STREE		DL			
					SPARTA, NC 28675	•				
program, corrected provision the surve	to show those d I and the date su number and the ty report form).	eficiencies p ch corrective	reviously repo e action was a n prefix code p	orted on the CMS accomplished. Ea previously shown	-2567, Staten ach deficiency	and/or Clinical Labor nent of Deficiencies should be fully iden 2567 (prefix codes s	and Plan of Correcti tified using either th shown to the left of e	ion, that have e regulation o	r LSC ent on DAT	
Y4			Y5	Y4		Y5	Y4		Y5	i
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4)(e)(f)	Correction Completed 0/28/2022							
REVIEWE STATE AG		REVIEWED (INITIALS)	ВҮ	DATE	SIGNATUR	RE OF SURVEYOR			DATE	
REVIEWE CMS RO	D BY	REVIEWED (INITIALS)	ВУ	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/14/2022					RRECTED DEFICIENC ENCIES (CMS-2567) S			YES	NO NO	