		POST	-CERT	TIFICATION	REVISIT RI	EPORT	•			
	R / SUPPLIER / CLIA /		ULTIPLE CONSTRUCTION						DATE OF REVISIT	
IDENTIFICATION NUMBER 345418 _{Y1}		A. Building B. Wing					Y2	11/30/2	2022 _{Y3}	
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE					
PELICAN HEALTH AT ASHEVILLE					1984 US HIGHWAY 70					
					SWANNANOA, NC 28778					
program, corrected provision	ort is completed by a qua to show those deficienced and the date such corre number and the identific ey report form).	es previously repective action was	orted on the accomplishe	CMS-2567, Statemed. Each deficiency	ent of Deficiencies and should be fully identifie	d Plan of Cored using eith	rection, that have er the regulation	e been or LSC		
ITEM		DATE ITEM			DATE ITEM			DATE		
Y4		Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0580	Correction	ID Prefix	F0607	Correction	ID Prefix	F0640		Correction	
Reg.#	483.10(g)(14)(i)-(iv)(15)	Completed	Reg. #	483.12(b)(1)-(5)(ii)(iii)) Completed	Reg. #	483.20(f)(1)-(4)		- Completed	
LSC		 11/18/2022 	LSC		11/18/2022	LSC			 11/18/2022 	
ID Prefix	F0641	Correction	ID Prefix	F0686	Correction	ID Prefix			Correction	
Reg.#	483.20(g)	Completed	Reg.#	483.25(b)(1)(i)(ii)	Completed	Reg.#			Completed	
LSC		11/18/2022	LSC		11/18/2022	LSC			_ _	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		 Completed	Reg. #		Completed	Reg.#			_ Completed	
LSC		_	LSC			LSC			-	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#		Completed	Reg.#		Completed	Reg.#			- Completed	
LSC			LSC			LSC			_ _	
ID Profix		Correction	ID Profix		Correction	ID Profiv			Correction	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction –	
Reg.#		Completed	Rea.#		Completed	Rea.#			Completed	

FOLLOWUP TO SURVEY COMPLETED ON

11/3/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO

TITLE

LSC

DATE

DATE

EVENT ID: 4DX012

DATE

DATE

LSC

REVIEWED BY

REVIEWED BY

(INITIALS)

(INITIALS)

LSC

REVIEWED BY STATE AGENCY

REVIEWED BY

CMS RO

SIGNATURE OF SURVEYOR