POST-CERTIFICATION REVISIT REPORT										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							DATE OF REVISIT			
345078	CATION NUMBER	A. Building B. Wing						Y2	7/7/2023	3 _{Y3}
NAME OF	FACILITY				STREET ADDR	RESS, CIT	Y, STATE, ZIF	CODE		
HIGHLAN	ND FARMS		200 TABERNACLE ROAD							
					BLACK MOUNTAIN, NC 28711					
provision the surve	corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each require the survey report form). ITEM DATE ITEM DATE ITEM						•		DATE	
Y4		Y5	Y4		,	Y5				Y5
ID Prefix	F0626	Correction	ID Prefix	F0636		ection	ID Prefix	F0756		Correction
Reg.#	483.15(e)(1)(2)	Completed	Reg. #	483.20(b)(1)(2)(i)(iii)	Com	pleted	Reg. #	483.45(c)(1)(2)(4)(5)	Completed
LSC		05/19/2023	LSC		05/19	/2023	LSC			05/19/2023