AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED A. BUILDING COMPLETED A. BUILDING COMPLETED B. WING B. WING O7/25/20 PREVATE HEALTH AND REHABILITATION STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	DEPARTMENT OF HEALTH AND HUMAN SERVICES							APPROVED	
AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING   COMPLETED     345174   B. WING   R-C   07/25/20     NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   91 VICTORIA ROAD     ELEVATE HEALTH AND REHABILITATION   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   ID   PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COM     {F 000}   INITIAL COMMENTS   {F 000}   {F 000}   {F 000}   {F 000}   INITIAL COMMENTS   {F 000}     {F 000}   INITIAL COMMENTS   F582, F584, F644, F658, F561, F582, F584, F644, F658, F561, F582, F584, F644, F658, F567, F682, F584, F644, F658, F567, F684, F761, F867, and F880 were corrected as of 07/25/23. However, new tags were cited as a result of the complaint investigation survey that was conducted the same time as the revisit. The facility is still out of   ID   ID	CENTERS	S FOR MEDICARE &	MEDICAID SERVICES						
345174 B. WING 07/25/21   NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801 91 VICTORIA ROAD   ELEVATE HEALTH AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM   {F 000} INITIAL COMMENTS {F 000} {F 000} {F 000} {F 000} INITIAL COMMENTS {F 000}   An onsite revisit was conducted on 07/11/23 to 07/125/23. Immediate Jeopardy was identified during the Quality Assurance review and the facility was notified of Immediate Jeopardy on 7/25/23. Tags F558, F561, F582, F584, F644, F658, F677, F684, F761, F867, and F880 were corrected as of 07/25/23. However, new tags were cited as a result of the complaint investigation survey that was conducted the same time as the revisit. The facility is still out of INITIAL COMMENT INITIAL was conducted the same time as the revisit. The facility is still out of								(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE     ELEVATE HEALTH AND REHABILITATION   91 VICTORIA ROAD     (X4) ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   ID PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COA     {F 000}   INITIAL COMMENTS   {F 000}   F000}     An onsite revisit was conducted on 07/11/23 to 07/12/23. Immediate Jeopardy was identified during the Quality Assurance review and the facility was notified of Immediate Jeopardy on 7/25/23. Therefore, the exit date was changed to 07/25/23. Tags F558, F561, F582, F584, F644, F658, F677, F684, F761, F867, and F880 were corrected as of 07/25/23. However, new tags were cited as a result of the complaint investigation survey that was conducted the same time as the revisit. The facility is still out of			345174	B. WING			R-C 07/25/2023		
ELEVATE HEALTH AND REHABILITATION   ASHEVILLE, NC 28801     (X4)ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   ID PREFIX TAG   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COM     {F 000}   INITIAL COMMENTS   {F 000}   INITIAL COMMENTS   {F 000}     An onsite revisit was conducted on 07/11/23 to 07/12/23. Immediate Jeopardy was identified during the Quality Assurance review and the facility was notified of Immediate Jeopardy on 7/25/23. Therefore, the exit date was changed to 07/25/23. Tags F558, F561, F582, F584, F644, F658, F677, F684, F761, F867, and F880 were corrected as a result of the complaint investigation survey that was conducted the same time as the revisit. The facility is still out of	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
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PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COM     {F 000}   INITIAL COMMENTS   {F 000}   INITIAL COMMENTS   {F 000}     An onsite revisit was conducted on 07/11/23 to 07/12/23. Immediate Jeopardy was identified during the Quality Assurance review and the facility was notified of Immediate Jeopardy on 7/25/23. Therefore, the exit date was changed to 07/25/23. Tags F558, F561, F582, F584, F644, F658, F677, F684, F761, F867, and F880 were corrected as of 07/25/23. However, new tags were cited as a result of the complaint investigation survey that was conducted the same time as the revisit. The facility is still out of   PREFIX TAG   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   Com					ASHEVILLE, NC 28801				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) D								(X6) DATE	

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PRINTED: 08/08/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.