POST-CERTIFICATION REVISIT REPORT

PROVIDE IDENTIFIC				ONSTRUCTION				DATE C	OF REVISIT
345302	AHON	VOIVIDEIX	Y ₁ B. Wing					_{Y2} 3/3/202	22 _{Y3}
NAME OF	FACILIT	Υ	I			STREET ADDRESS, CIT	Y, STATE, ZIP CODE	L	
			B OF SYLVA			417 CLOVERDALE ROA			
					SYLVA, NC 28779				
program,	to show I and the number	those of the date sure and the	leficiencies previously uch corrective action w	reported on the as accomplishe	CMS-2567, State d. Each deficiend	I and/or Clinical Laborato ement of Deficiencies and cy should be fully identifie S-2567 (prefix codes show	Plan of Correction ed using either the r	, that have been egulation or LSC	
ITEM			DATE	ITEM		DATE	ITEM		DATE
Y4			Y5	Y4		Y5	Y4		Y5
ID Prefix	F0580		Correction	n ID Prefix	F0695	Correction	ID Prefix		Correction
Reg. #	483.10(g)(14)(i)-(iv)(15) Complete	d Reg.#	483.25(i)	Completed	Reg. #		Completed
LSC			02/03/2022	LSC		02/03/2022	LSC		-
ID Prefix			Correction	n ID Prefix		Correction	ID Prefix		Correction
Reg.#			Complete	d Reg.#		Completed	Reg. #		Completed
_			Complete	LSC	-	Completed	LSC —		- Completed
LSC				LSC					_
ID Prefix			Correction	n ID Prefix		Correction	ID Prefix		Correction
Reg. #			Complete	d Reg.#		Completed	Reg. #		Completed
LSC				LSC			LSC		=
ID Prefix			Correction	n ID Prefix		Correction	ID Prefix		Correction
Reg.#			Complete	d Reg.#		Completed	Reg. #		Completed
LSC				LSC			LSC		_
ID Prefix			Correction	n ID Prefix		Correction	ID Prefix		Correction
Reg. #			Complete	d Reg. #		Completed	Reg. #		Completed
LSC				LSC			LSC		-
			REVIEWED BY (INITIALS)	DATE	SIGNATI	URE OF SURVEYOR	I	DATE	
			REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOW 0		JRVEY C	OMPLETED ON		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?				