POST-CERTIFICATION REVISIT REPORT									
PROVIDE	R / SUPPLIER / CLIA /	MULTIPLE CON	STRUCTION					DATE OF REVISIT	
IDENTIFICATION NUMBER A. Building									
345302		B. Wing					Y2	7/7/2021	Y3
NAME OF	FACILITY				STREET ADDRESS, CIT	TY, STATE, ZI	P CODE		
VERO HI	EALTH & REHAB OF S	YLVA	417 CLOVERDALE ROAD						
SYLVA, NC 28779									
•	ey report form).	·	· ,		2567 (prefix codes sho				
ITEM		DATE	ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0755	Correction	ID Prefix	F0761	Correction	ID Prefix	F0801		Correction
Reg.#	483.45(a)(b)(1)-(3)	Completed	Reg.#	483.45(g)(h)(1)(2)	Completed	Reg. #	483.60(a)(1)(2)		Completed
LSC		06/18/2021	LSC		06/18/2021	LSC			06/18/2021

Correction

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