POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
IDENTIFICATION NUMBER	A. Building				
345302 _{Y1}	B. Wing	Y2	10/18/2023	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
VERO HEALTH & REHAB OF SYL	VA	417 CLOVERDALE ROAD			
		SYLVA, NC 28779			

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEI	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0689 483.25(d)(1)(2)	Correction Completed 10/18/2023	ID Prefix Reg. # LSC	F0697 483.25(k)	Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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REVIEWE STATE AG REVIEWE CMS RO	BENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)		TITLE	OF SURVEYOR		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/29/2023					ICIES (CMS-2567) SEN			в 🗌 NO