POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345102 _{Y1}	B. Wing	Y2	11/13/2023	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
MAGGIE VALLEY NURSING AND	REHABILITATION	75 FISHER LOOP		
		MAGGIE VALLEY, NC 28751		

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).

ITEM DATE		ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 08/24/2023	ID Prefix Reg. # LSC	F0644 483.20(e)(1)(2)	Correction Completed 08/24/2023	ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 08/24/2023
ID Prefix Reg. # LSC	F0814 483.60(i)(4)	Correction Completed 08/24/2023	ID Prefix Reg. # LSC		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
ID Prefix Reg. # LSC		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	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 7/26/2023			SIGNATURE OF TITLE CK FOR ANY UNCORREC ORRECTED DEFICIENCIE	TED DEFICIENCIES			:s 🗆 NO	