POST-CERTIFICATION REVISIT REPORT										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							DATE OF REVISIT			
1DENTIFIC 345312	CATION NUMBER	A. Building B. Wing	P. Wing							
		,1 -: · · · · · · · · · · · · · · · · · ·			CTREET ARRESCO CIT	CV CTATE 711	Y2	11/15/2023	Y3	
	FACILITY	N/II I E				STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE				
THE STEEL OF THE INSERT OF THE										
HENDERSONVILLE, NC 28791										
the survey report form).		· 	tion prefix code previously shown on the CMS-2		DATE	ITEM		DAT		
Y4		Y5	Y4		Y5	Y4		Y5		
ID Prefix Reg. # LSC	F0658 483.21(b)(3)(i)	Correction Completed 10/19/2023	ID Prefix Reg. # LSC	F0677 483.24(a)(2)	Correction Completed 10/19/2023	ID Prefix Reg. # LSC	F0808 483.60(e)(1)(2)	Corre	ection oleted	