POST-CERTIFICATION REVISIT REPORT													
	R/SUPPLIER/C		MULTIPLE CONSTRUCTION								DATE O	F REVISIT	
	CATION NUMBER		A. Building B. Wing								12/7/20	23	
345302		Y1	b. Willig							Y2	12/1/20	23 Y3	
NAME OF FACILITY							STREET ADDRESS, CITY, STATE, ZIP CODE						
VERO HEALTH & REHAB OF SYLVA							417 CLOVERDALE ROAD						
						SY	LVA, NC 2	28779					
program, corrected provision	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	DATE ITEM			DATE ITEM					DATE	
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0550		Correction	ID Prefix	F0867		Co	rrection	ID Prefix	F0880		Correction	
Reg.#	483.10(a)(1)(2)(b)(1)(2)		Completed	Reg. # 483.75(c)(d)(e)(g)		c)(d)(e)(g)(2)(i)(i	e)(g)(2)(i)(ii) Con		Reg.#	483.80(a)(1)(2)(4)(	e)(f)	Completed	
LSC			12/07/2023	LSC			12/	07/2023	LSC			12/07/2023	
ID Prefix			Correction	ID Prefix			Co	rrection	ID Prefix			Correction	
Reg.#			Completed	Reg.#			Со	mpleted	Reg. #			Completed	
LSC			_	LSC					LSC				
ID Prefix			Correction	ID Prefix			Co	rrection	ID Prefix			Correction	
Reg. #			Completed	Reg. #			Со	mpleted	Reg. #			Completed	
LSC		- ·	LSC					LSC					
ID Prefix			Correction	ID Prefix			Со	rrection	ID Prefix			Correction	
Reg. #		Completed	Reg. #			Completed		Reg.#			Completed		
LSC		- ' -	LSC				·	LSC			·		
ID Prefix			Correction	ID Prefix			Co	Correction ID Prefix				Correction	
Reg. #			Completed	Reg. #			Completed		Reg.#			Completed	
LSC			-	LSC					LSC				
REVIEWED BY REVIEW STATE AGENCY (INITIAL				DATE		SIGNATURE C	OF SURVE	URVEYOR			DATE		
			REVIEWED BY (INITIALS)			TITLE DATE							

10/18/2023

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO