POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT					
IDENTIFICATION NUMBER	A. Building							
345191 _{Y1}	B. Wing	Y2	5/23/2024	Y3				
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE						
SURRY COMMUNITY HEALTH CE	ENTER BY HARBORVIEW	542 ALLRED MILL ROAD						
		MOUNT AIRY, NC 27030						

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).

ITE	EM	DATE	ITEM			DATE	ITEM			DATE	
Y4		Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0550	Correction	ID Prefix	F0561		Correction	ID Prefix	F0585		Correction	
Reg.#	483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. #	483.10(f)(1)-(3)(8)	Completed	Reg.#	483.10(j)(1)-(4)	33.10(j)(1)-(4)		
LSC		04/24/2024	LSC			04/24/2024	LSC			- 04/24/2024 -	
ID Prefix	F0600	Correction	ID Prefix	F0602		Correction	ID Prefix	F0603		Correction	
Reg.#	483.12(a)(1)	Completed	Reg. #	483.12		Completed	eted Reg. #			Completed	
LSC		04/24/2024 	LSC			04/24/2024	LSC			- 04/24/2024 -	
ID Prefix	F0604	Correction	ID Prefix	F0607		Correction	ID Prefix	F0641		Correction	
Reg. #	483.10(e)(1), 483.12(a)		Reg. #	483.12(b)(1)-(5)(ii)(iii)		Completed	Reg. #	483.20(g)		Completed	
LSC	(2)	· 04/24/2024 	LSC			04/24/2024	LSC			- 04/24/2024 -	
ID Prefix	F0677	Correction	ID Prefix	F0690		Correction	ID Prefix	F0692		Correction	
Reg. #	483.24(a)(2)	Completed	Reg. #	483.25(e)	(1)-(3)			483.25(g)(1)-(3)		Completed	
LSC		04/24/2024	LSC			04/24/2024	LSC			- 04/24/2024 -	
ID Prefix	F0697	Correction	ID Prefix	F0725		Correction	ID Prefix	F0732		Correction	
Reg.#	483.25(k)	Completed	Reg. #	483.35(a)	(1)(2)	Completed	Reg. #	483.35(g)(1)-(4)		Completed	
LSC		 04/24/2024 	LSC			04/24/2024	LSC			04/24/2024	
REVIEWED BY STATE AGENCY [INITIALS]		DATE	SIGNATURE O		SURVEYOR		DATE				
REVIEWED BY CMS RO (INITIALS)			DATE TITLE		TITLE			DATE			

POST-CERTIFICATION REVISIT REPORT

IDENTIFIC	R / SUPPLIER / C CATION NUMBER		A. Building B. Wing	TRUCTION							5/23/20	F REVISIT
NAME OF FACILITY SURRY COMMUNITY HEALTH CENTER BY HARBORVIEW STREET ADDRESS, CITY, STATE, ZIP CODE 542 ALLRED MILL ROAD							3/23/20	Y3				
SURRY COMMUNITY HEALTH CENTER BY HARBO				ORVIEW				AIRY, NC 27030				
program, corrected provision	to show those d I and the date su	leficiencie Ich correc	fied State survey s previously repo tive action was a tion prefix code	orted on the ccomplished	CMS-256 d. Each o	67, Statem deficiency	ent of D should b	eficiencies and be fully identifie	Plan of Cored using either	rection, that have er the regulation	e been or LSC	
ITE Y4			DATE Y5	ITEM Y4				DATE Y5	ITEM Y4			DATE Y5
14			10	14				13	14			13
ID Prefix	F0755		Correction	ID Prefix	F0760			Correction	ID Prefix	F0761		Correction
Reg.#	483.45(a)(b)(1)-(3	3)	Completed	Reg.#	483.45(f)	(2)		Completed	Reg. #	483.45(g)(h)(1)(2)	Completed
LSC			04/24/2024	LSC				04/24/2024	LSC			04/24/2024
ID Prefix	F0842		Correction	ID Prefix	F0867			Correction	ID Prefix	F0880		Correction
Reg.#	483.20(f)(5), 483	.70(i)(1)-	Completed	Reg. #	483.75(c))(d)(e)(g)(2)	(i)(ii)	Completed	Reg. #	483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	(5)		04/24/2024	LSC				04/24/2024	LSC			04/24/2024
REVIEWE	D BY	REVIEW	ED BY	DATE		SIGNATUR	E OF SU	RVEYOR			DATE	
STATE AG	SENCY	(INITIAL	S)									
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE		TITLE					DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/27/2024			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					☐ YES	s 🗆 no			
				•		D 0 1				EVENT ID	111150:5	