POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345110 _{Y1}	B. Wing	Y2	7/3/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN CARE OF WAYNESVILL	.E	360 OLD BALSAM ROAD		
		WAYNESVILLE, NC 28786		

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	ļ	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0558	Correction	ID Prefix	F0559	Correction	ID Prefix	F0578	Correction
Reg.#	483.10(e)(3)	Completed	Reg. #	483.10(e)(4)-(6)	Completed	Reg.#	483.10(c)(6)(8)(g)(12)(i (v))- Completed
LSC		05/30/2024	LSC		05/30/2024	LSC		05/30/2024
ID Prefix	F0580	Correction	ID Prefix	F0600	Correction	ID Prefix	F0607	Correction
Reg.#	483.10(g)(14)(i)-(i	v)(15) Completed	Reg.#	483.12(a)(1)	Completed	Reg.#	483.12(b)(1)-(5)(ii)(iii)	Completed
LSC		05/30/2024	LSC		05/30/2024	LSC		05/30/2024
ID Prefix	F0684	Correction	ID Prefix	F0686	Correction	ID Prefix	F0689	Correction
Reg. #	483.25	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.25(d)(1)(2)	Completed
LSC		05/30/2024	LSC		05/30/2024	LSC		05/30/2024
ID Prefix	F0698	Correction	ID Prefix	F0726	Correction	ID Prefix	F0759	Correction
Reg.#	483.25(I)	Completed	Reg.#	483.35(a)(3)(4)(c)			483.45(f)(1)	Completed
LSC		05/30/2024	LSC		05/30/2024	LSC		05/30/2024
ID Prefix	F0761	Correction	ID Prefix	F0812	Correction	ID Prefix	F0880	Correction
Reg.#	483.45(g)(h)(1)(2)	Completed	Reg.#	483.60(i)(1)(2)	Completed	Reg. #	483.80(a)(1)(2)(4)(e)(f))(f) Completed
LSC		05/30/2024	LSC		05/30/2024	LSC		05/30/2024
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE C	OF SURVEYOR	l	DA	TE	
REVIEWED BY REVIEWED BY CMS RO (INITIALS)		DATE	TITLE			DA	TE	

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTITUTE A. Building			TRUCTION				DATE OF REVISIT	
345110		Y1 B. Wing					_{Y2} 7/3/2024	Y3
NAME OF	FACILITY	•			STREET ADDRESS, CIT	TY, STATE, ZIP CODE	•	
AUTUMN CARE OF WAYNESVILLE					360 OLD BALSAM ROAD			
				WAYNESVILLE, NC 28786				
program, corrected provision	to show those I and the date s	by a qualified State survey deficiencies previously rep such corrective action was a e identification prefix code	orted on the CMS accomplished. E	S-2567, Staten ach deficiency	nent of Deficiencies and should be fully identified	d Plan of Correction, ed using either the re	that have been gulation or LSC	
ITE		DATE	ITEM		DATE			DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	F0895	Correction						
Reg.#	483.85(a)-(e)	Completed						
LSC		05/30/2024						
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REVIEWE STATE AG		REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SURVEYOR		DATE	
		, ,						
REVIEWE		REVIEWED BY	DATE	TITLE			DATE	
CMS RO		(INITIALS)						
FOLLOW	JP TO SURVEY	COMPLETED ON			RRECTED DEFICIENCIE			
5/9/2024			UNCORR	RECTED DEFICI	ENCIES (CMS-2567) SEN	IT TO THE FACILITY?	YES	□ NO
			1					