POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building						
345045 _{Y1}	B. Wing	Y2	8/15/2024	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
THE FOLEY CENTER AT CHESTI	NUT RIDGE	621 CHESTNUT RIDGE PARKWAY					
		BLOWING ROCK, NC 28605					

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	M	DATE	ITEM		DATE	ITEM		DATE
Y4	ļ	Y5	Y4		Y5	Y4		Y5
ID Prefix	F0550	Correction	ID Prefix	F0578	Correction	ID Prefix	F0580	Correction
Reg.#	483.10(a)(1)(2)(b)(1)(2) Completed	Reg. #	483.10(c)(6)(8)(g)(12)(i)- (v)	Completed	Reg.#	483.10(g)(14)(i)-(iv)(1	(5) Completed
LSC		07/16/2024	LSC		07/16/2024	LSC		07/16/2024
ID Prefix	F0600	Correction	ID Prefix	F0607	Correction	ID Prefix	F0644	Correction
Reg.#	483.12(a)(1)	Completed	Reg.#	483.12(b)(1)-(5)(ii)(iii)	Completed	Reg.#	483.20(e)(1)(2)	Completed
LSC		07/16/2024	LSC		07/16/2024 	LSC		07/16/2024
ID Prefix	F0656	Correction	ID Prefix	F0684	Correction	ID Prefix	F0690	Correction
Reg. #	483.21(b)(1)(3)	Completed	Reg. #	483.25	Completed	Reg. #	483.25(e)(1)-(3)	Completed
LSC		07/16/2024	LSC		 07/16/2024 	LSC		07/16/2024
ID Prefix	F0695	Correction	ID Prefix	F0697	Correction	ID Prefix	F0755	Correction
Reg. #	483.25(i)	Completed	Reg. #	483.25(k)	Completed	Reg. #	483.45(a)(b)(1)-(3)	Completed
LSC		07/16/2024	LSC		 07/16/2024 	LSC		07/16/2024
ID Prefix	F0759	Correction	ID Prefix	F0760	Correction	ID Prefix	F0812	Correction
Reg. #	483.45(f)(1) Completed		Reg. #	483.45(f)(2)	Completed	Reg.#	483.60(i)(1)(2)	Completed
LSC		07/16/2024	LSC		07/16/2024 	LSC		07/16/2024
REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATURE OF S	SURVEYOR	<u> </u>	[DATE
REVIEWE	ED BY	REVIEWED BY (INITIALS)	DATE	TITLE			c	DATE

POST-CERTIFICATION REVISIT REPORT

										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER A. Building						DAT	DATE OF REVISIT			
345045		Y1	B. Wing					_{Y2} 8/1	5/2024	Y3
NAME OF FACILITY						STREET ADDRESS, C				
THE FOL	EY CENTER AT	CHESTN	IUT RIDGE			621 CHESTNUT RIDGI				
						BLOWING ROCK, NC 2				
program, corrected provision	to show those d I and the date su	eficiencie ich correc	s previously repo	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	nent of Deficiencies ar should be fully identif	ory Improvement Amer and Plan of Correction, t ied using either the reg own to the left of each	hat have beer gulation or LS0	2	
ITE	M		DATE	ITEM		DATE	ITEM		DATE	
Y4			Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0842		Correction	ID Prefix	F0880	Correction				
Dog #	483.20(f)(5), 483.	70(i)(1)-	- Comentated	Dog #	483.80(a)(1)(2)(4)(e	e)(f)				
Reg.#	(5)		Completed	Reg. #		Completed				
LSC			07/16/2024	LSC		07/16/2024	<u></u>			
REVIEWE	D DV	REVIEW	ED BV	DATE	SIGNATUS	RE OF SURVEYOR				
STATE AG		(INITIAL		DATE	SIGNATOR	RE OF SURVETOR		DAT	_	
				 						
REVIEWE CMS RO	D BY	REVIEW (INITIAL)		DATE	TITLE			DAT	Έ	
				+						
FOLLOWUP TO SURVEY COMPLETED ON					RRECTED DEFICIENCIE ENCIES (CMS-2567) SE	ES. WAS A SUMMARY OF NT TO THE FACILITY?		lves \Box	NC	
7/3/2024						(55 2007) 02			YES	NO