POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building						
345302 _{Y1}	B. Wing	Y2	8/27/2024	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
VERO HEALTH & REHAB OF SYL	VA	417 CLOVERDALE ROAD					
		SYLVA, NC 28779					

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	F0553	Correction	ID Prefix	F0558	Correction
Reg. #	483.10(a)(1)(2)(b)(1)(2) Completed	Reg. #	483.10(c)(2)(3)	Completed	Reg.#	483.10(e)(3)	Completed
LSC		08/20/2024	LSC		08/20/2024	LSC		08/20/2024
ID Prefix	F0561	Correction	ID Prefix	F0584	Correction	ID Prefix	F0609	Correction
Reg.#	483.10(f)(1)-(3)(8)	Completed	Reg. #	483.10(i)(1)-(7)	Completed	Reg.#	483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC		08/20/2024	LSC		08/20/2024	LSC		08/20/2024
ID Prefix	F0644	Correction	ID Prefix	F0677	Correction	ID Prefix	F0688	Correction
Reg. #	483.20(e)(1)(2)	Completed	Reg. #	483.24(a)(2)	Completed	Reg. #	483.25(c)(1)-(3)	Completed
LSC		08/20/2024	LSC		08/20/2024	LSC		08/20/2024
ID Prefix	F0689	Correction	ID Prefix	F0690	Correction	ID Prefix	F0695	Correction
Reg.#	483.25(d)(1)(2)	Completed	Reg. #	483.25(e)(1)-(3)	Completed	Reg.#	483.25(i)	Completed
LSC		08/20/2024	LSC		08/20/2024	LSC		08/20/2024
ID Prefix	F0726	Correction	ID Prefix	F0812	Correction	ID Prefix	F0880	Correction
Reg.#	483.35(a)(3)(4)(c)	Completed	Reg. #	483.60(i)(1)(2)	Completed	Reg.#	483.80(a)(1)(2)(4)(e)(f) Completed
LSC		08/20/2024	LSC		08/20/2024	LSC		08/20/2024
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE	OF SURVEYOR	I	DA	ATE	
REVIEWE CMS RO		REVIEWED BY (INITIALS)	DATE	TITLE			עם	ATE

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / MULTIPLE CONST									DATE OF REVISIT	
IDENTIFICATION NUMBER 345302 A. Building B. Wing			Y2					8/27/2024	Y3	
NAME OF FACILITY VERO HEALTH & REHAB OF SYLVA				STREET ADDRESS, CITY, STATE, ZIP CODE 417 CLOVERDALE ROAD SYLVA, NC 28779						
program, corrected provision	to show those of and the date s	deficiencie uch correc	s previously repo	rted on the CMS-2 ecomplished. Each	2567, Staten h deficiency	nent of Deficiencies a should be fully identi	tory Improvement Am nd Plan of Correction, fied using either the re lown to the left of each	, that have egulation o	LSC	
ITEM DATE		DATE	ITEM DATE I			ITEM		DAT		
Y4		Y5	Y4		Y5	Y4		Y5	5	
ID Prefix	F0883		Correction							
Reg.#	483.80(d)(1)(2)		Completed							
LSC			08/20/2024							
					Loovering					
REVIEWE STATE AG		REVIEW (INITIAL		DATE	SIGNATUF	RE OF SURVEYOR			DATE	
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/30/2024		_			ES. WAS A SUMMARY (ENT TO THE FACILITY?	OF	YES	l no		