POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345285 _{Y1}	B. Wing	Y2	1/10/2025	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDIUS HEALTH AT HENDE	RSONVILLE	200 HERITAGE CIRCLE		
		HENDERSONVILLE, NC 28791		

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	F0553	Correction	ID Prefix	F0558		Correction	ID Prefix	F0578		Correction
Reg.#	483.10(c)(2)(3)	Completed	Reg. #	483.10(e))(3)	Completed	Reg.#	Reg. # 483.10(c)(6)(8)(g)(12		Completed
LSC		01/03/2025	LSC			01/03/2025	LSC			01/03/2025
ID Prefix	F0580	Correction	ID Prefix	F0584		Correction	ID Prefix	F0607		Correction
Reg.#	483.10(g)(14)(i)-(iv)(15)	Completed	Reg. #	483.10(i)	(1)-(7)	Completed	Reg.#	483.12(b)(1)-(5)(ii)(iii)		Completed
LSC			LSC			01/03/2025	LSC			01/03/2025
ID Prefix	F0623	Correction	ID Prefix	F0636		Correction	ID Prefix	F0638		Correction
Reg.#	483.15(c)(3)-(6)(8)	Completed	Reg.#	483.20(b)(1)(2)(i)(iii)		Completed	Reg.#	483.20(c)		Completed
LSC	01/03/2025		LSC			01/03/2025	LSC			01/03/2025
ID Prefix	F0644	Correction	ID Prefix	F0660		Correction	ID Prefix	F0680		Correction
Reg.#	483.20(e)(1)(2)	Completed	Reg.#	483.21(c)(1)(i)-(ix)		Completed	Reg.#	483.24(c)(2)(i)(ii)(A)-(D)		Completed
LSC		01/03/2025	LSC			01/03/2025	LSC			01/03/2025
ID Prefix	F0684	Correction	ID Prefix	F0689		Correction	ID Prefix	F0690		Correction
Reg.#	483.25	Completed	Reg. #	483.25(d))(1)(2)	Completed Reg. # 483.25(e)(**		483.25(e)(1)-(3)		Completed
LSC		01/03/2025	LSC			01/03/2025	LSC	LSC		01/03/2025
REVIEWED BY STATE AGENCY (INITIALS)		DATE	SIGNATURE O		SURVEYOR		DATE			
REVIEWED BY CMS RO (INITIALS)			DATE TITLE				1	DATE		

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PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTI			FRUCTION							DATE OF REVISIT		
345285	CATION NUMBER		A. Building B. Wing							Y2	1/10/20	25 _{Y3}
NAME OF FACILITY							STREE	T ADDRESS, CIT	Y, STATE, ZIF	P CODE		
ACCORDIUS HEALTH AT HENDERSONVILLE								RITAGE CIRCLE	, ,			
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program, corrected provision	to show those do	eficiencies ch correct	s previously repo tive action was ac	rted on the ccomplished	CMS-25 d. Each	67, Statem deficiency	nent of D should	eficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have er the regulation of of each requireme	r LSC	
ITEN	И		DATE	ITEM				DATE	ITEM			DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0712		Correction	ID Prefix	F0755			Correction	ID Prefix	F0760		Correction
Reg.#	483.30(c)(1)-(4)		Completed	Reg. # 483.45(a)(b)(1)-(3)		(b)(1)-(3) Completed		Reg. #	483.45(f)(2)		Completed	
LSC			01/03/2025	LSC				01/03/2025	LSC			01/03/2025
ID Prefix	F0770		Correction	ID Prefix				Correction	ID Prefix			Correction
Reg.#	eg. # 483.50(a)(1)(i) Completed		Completed	Reg. # 483.60(c)(1)-(7)			Completed	Reg. #	483.60(d)(4)(5)		Completed	
LSC	01/03/2025		LSC			01/03/2025	LSC			01/03/2025		
ID Prefix	F0808		Correction	ID Prefix F0812			Correction	ID Prefix	-		Correction	
Reg.#	# 483.60(e)(1)(2) Completed		Completed	Reg. # 483.60(i)(1)(2)		(1)(2) Completed		Reg.#	483.20(f)(5), 483.70(h) (1)-(5)		Completed	
LSC	01/03/2025		LSC	-			01/03/2025	LSC			01/03/2025	
REVIEWEI		REVIEWI (INITIALS		DATE SIGNA		SIGNATUR	ATURE OF SURVEYOR				DATE	
REVIEWEI	D ВҮ	REVIEWI (INITIALS		DATE TITLE							DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/6/2024			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO									