

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345285	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/10/2025	Y3
NAME OF FACILITY ACCORDIUS HEALTH AT HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE 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. # 483.10(c)(6)(8)(g)(12)(i)-(v)	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	01/03/2025	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)(1)-(3)	Completed
LSC	01/03/2025	LSC	01/03/2025	LSC	01/03/2025

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE 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)	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 F0803	Correction	ID Prefix F0806	Correction
Reg. # 483.50(a)(1)(i)	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 F0842	Correction
Reg. # 483.60(e)(1)(2)	Completed	Reg. # 483.60(i)(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

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		