Completed

Correction

Completed

Reg.#

ID Prefix

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	R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CONSTRUCTION A. Building						DATE OF REVISIT	
345411	·g				Y2				Υ
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
SKYLAND TERRACE AND REHABILITATION					516 WALL STREET				
					WAYNESVILLE, NC 287	'86 			
corrected provision	d and the date such corr	rective action was	accomplishe	d. Each deficienc	ment of Deficiencies and y should be fully identifie -2567 (prefix codes sho	ed using eith	er the regulation o	or LSC	
ITEM Y4		DATE	ITEM		DATE	ITEM		С	ATE
		Y5	Y4		Y5	Y4			Y5
D Prefix	F0602	Correction	ID Prefix	F0686	Correction	ID Prefix	F0745	Co	orrection
Reg.#	483.12	Completed	Reg. #	483.25(b)(1)(i)(ii)	Completed	Reg. #	483.40(d)	Co	ompleted
LSC		12/20/2024	LSC		12/11/2024	LSC		12	/19/2024
D Prefix	F0812	Correction	ID Prefix		Correction	ID Prefix		Co	orrection
Reg.#	483.60(i)(1)(2)	Completed	Reg. #		Completed	Reg. #		Co	ompleted
_SC		12/11/2024	LSC			LSC			
D Prefix		Correction	ID Prefix		Correction	ID Prefix		Co	orrection

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