

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345261	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/17/2022	Y3
NAME OF FACILITY ALLEGHANY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		

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 F0580	Correction	ID Prefix F0641	Correction	ID Prefix F0657	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	10/28/2022	LSC	10/28/2022	LSC	10/28/2022
ID Prefix F0684	Correction	ID Prefix F0686	Correction	ID Prefix F0688	Correction
Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(c)(1)-(3)	Completed
LSC	10/28/2022	LSC	10/28/2022	LSC	10/28/2022
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	10/28/2022	LSC	10/28/2022	LSC	10/28/2022
ID Prefix F0712	Correction	ID Prefix F0727	Correction	ID Prefix F0760	Correction
Reg. # 483.30(c)(1)-(4)	Completed	Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.45(f)(2)	Completed
LSC	10/28/2022	LSC	10/28/2022	LSC	10/28/2022
ID Prefix F0761	Correction	ID Prefix F0812	Correction	ID Prefix F0867	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.75(g)(2)(ii)	Completed
LSC	10/28/2022	LSC	10/28/2022	LSC	10/28/2022

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345261	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/17/2022	Y3
NAME OF FACILITY ALLEGHANY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		

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	F0880	Correction			
Reg. #	483.80(a)(1)(2)(4)(e)(f)	Completed			
LSC		10/28/2022			

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 9/14/2022			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		