

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345426	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/3/2024	Y3
NAME OF FACILITY VALLEY VIEW CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 551 KENT STREET ANDREWS, NC 28901		

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 F0550	Correction	ID Prefix F0558	Correction	ID Prefix F0561	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed
LSC	11/27/2023	LSC	11/27/2023	LSC	11/27/2023
ID Prefix F0582	Correction	ID Prefix F0584	Correction	ID Prefix F0658	Correction
Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	11/27/2023	LSC	11/27/2023	LSC	11/27/2023
ID Prefix F0677	Correction	ID Prefix F0684	Correction	ID Prefix F0725	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	11/27/2023	LSC	11/27/2023	LSC	11/27/2023
ID Prefix F0756	Correction	ID Prefix F0757	Correction	ID Prefix F0812	Correction
Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	11/27/2023	LSC	11/27/2023	LSC	11/27/2023
ID Prefix F0882	Correction	ID Prefix F0883	Correction	ID Prefix	Correction
Reg. # 483.80(b)(1)-(4)	Completed	Reg. # 483.80(d)(1)(2)	Completed	Reg. #	Completed
LSC	11/27/2023	LSC	11/27/2023	LSC	

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 11/2/2023		<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>		