## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2017 FORM APPROVED OMB NO. 0938-0391

MAIN OF PROVIDER OR SUPPLIER  WILSON PINES NURSING AND REHABILITATION CENTER  WILSON PINES NURSING AND REHABILITATION CENTER  WILSON PINES NURSING AND REHABILITATION CENTER  WILSON NO. 2789  GRAPH CORRECTION MUST BE PRECEDED BY PULL PROVIDERS PLAN OF CONSECTION MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION).  F 000 INITIAL COMMENTS  There were no citations issued for Event # VBN111.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  WILSON PINES NURSING AND REHABILITATION CENTER  WILSON NO. 27883  (IXM 10)			245270					
WILSON PINES NURSING AND REHABILITATION CENTER  (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCES IN PREFIX (EACH) DEFICIENCY MUST DE PREFIX TAG (EACH DEFICIENCY MUST DE MEDITAL PROPRIATION)  F 000 INITIAL COMMENTS  There were no citations issued for Event # VBN111.	345372			B. WING	<u> </u>		07/18/2017	
CALL	NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFEX RECOLDED FOR THE PREFEX TAG PROPERTY ACTION SHOULD BE CROSS-REFERENCED OF THE APPROPRIATE CAN'E CONTROL OF THE PROPERTY ACTION SHOULD BE CROSS-REFERENCED OF THE APPROPRIATE CAN'E CONTROL OF THE PROPERTY ACTION SHOULD BE CROSS-REFERENCED OF THE APPROPRIATE CAN'E C	WILSON DINES NURSING AND DELIABILITATION CENTED				403 CRESTVIEW AVENUE			
PREFIX TAG  REQUIATORY OR LSC IDENTIFYING INFORMATION)  FOOD  INITIAL COMMENTS  There were no citations issued for Event # VBN111.	WILDON	INLO NONOINO AND IN	INABILITATION SERVER		WILSON, NC 27893			
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**Electronically Signed** Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days

following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

07/25/2017