			POST	-CERT	IFICATIO	N REVISIT RE	PORT			
				PLE CONSTRUCTION				DATE OF REVISIT		
345197 Y1 A. Building B. Wing								_{Y2} 12/30/	2019 _{Y3}	
NAME OF	FACILITY					STREET ADDRESS, CIT	Y, STATE, ZIP CODE			
WILLOW	RIDGE OF NC			237 TRYON ROAD						
						RUTHERFORDTON, NC	28139			
program, corrected provision	to show those of and the date so	deficiencie uch correc	es previously repo ctive action was a	orted on the accomplishe	CMS-2567, State d. Each deficienc	and/or Clinical Laborato ment of Deficiencies and y should be fully identifie -2567 (prefix codes show	I Plan of Correction, ed using either the re	that have been gulation or LSC		
ITEM			DATE ITEM			DATE	ITEM DATE			
Y4			Y5	Y4		Y5	Y4		Y5	
ID Prefix	F0761		Correction	ID Prefix	F0925	Correction	ID Prefix		Correction	
Reg.#	483.45(g)(h)(1)(2	2)	Completed	Reg. #	483.90(i)(4)	Completed	Reg. #		Completed	
LSC			11/08/2019	LSC		11/08/2019	LSC		_	
									_	
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#			Completed	Reg. #		Completed	Reg. #		Completed	
LSC				LSC			LSC		_	
									_	
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg.#			Completed	Reg. #		Completed	Reg. #		Completed	
LSC			_	LSC			LSC		_	
ID Prefix	-		Correction	ID Prefix		Correction	ID Prefix		Correction –	
Reg.#			Completed	Reg. #		Completed	Reg. #		Completed	
LSC			_	LSC			LSC		_	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction		
Reg. #			Completed	Reg. #		Completed	Reg. #		Completed	
LSC			LSC			LSC		_		
REVIEWED BY REVIEWED E (INITIALS)				DATE	SIGNATU	RE OF SURVEYOR		DATE		
REVIEWED			DATE	TITLE			DATE			
FOLLOWUP TO SURVEY COMPLETED ON 10/29/2019					CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					