POST-CERTIFICATION REVISIT REPORT

		MULTIPLE CONSTRUCTION			DATE OF REVISIT	
IDENTIFICATION NUMBER		A. Building			12/18/2020	
345197 _Y	Y1	B. Wing	Y2		12/10/2020	Y3
NAME OF FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE			
WILLOW RIDGE OF NC			237 TRYON ROAD			
			RUTHERFORDTON, NC 28139			

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).

ITE	M	DATE	ITEM		DATE	ITEM	DATE
Y4		Y5	Y4		Y5	Y4	Y5
ID Prefix Reg. # LSC	F0880 483.80(a)(1)(2)(4	Correction)(e)(f) Completed 11/12/2020	ID Prefix Reg. # LSC	F0885 483.80(g)(3)(i)-(iii)	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	 Correction Completed
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	 Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON				SIGNATURE OF TITLE			
10/1/202	0		UNC	ORRECTED DEFICIENCIE	±5 (CMS-2567) SEN	T TO THE FACILITY?	в 🗌 NO