STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING ________________________
B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER

WESTCHESTER MANOR AT PROVIDENCE PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE
1795 WESTCHESTER DRIVE
HIGH POINT, NC 27262

F 000 INITIAL COMMENTS

A paper revisit was completed on 11/09/2018. The facility is back in compliance on 10/17/2018. Event ID # LWYV12.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.