## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

345113

**Date Survey Completed:**

C 05/20/2020

**Name of Provider or Supplier:**

WILLOW CREEK NURSING AND REHABILITATION CENTER

**Street Address, City, State, Zip Code:**

2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534

**Summary Statement of Deficiencies**

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>An unannounced COVID-19 Focused Survey was conducted on 05/18/2020 through 5/20/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Emergency Preparedness. Event ID #: 999111.</td>
</tr>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>An unannounced COVID Focused Infection Control Survey and complaint investigation were conducted on 5/18/2020 through 5/20/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Cener for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 2 of the 2 complaint allegations were not substantiated. Event ID#:999111</td>
</tr>
</tbody>
</table>

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.

**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed 06/03/2020