STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345205

DATE SURVEY COMPLETED: 12/02/2020

NAME OF PROVIDER OR SUPPLIER

WESTWOOD HILLS NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1016 FLETCHER STREET
WILKESBORO, NC 28697

SUMMARY STATEMENT OF DEFICIENCIES

E 000 Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 12/02/20. 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. The Event ID# is U4SG11.

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/02/20. The facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The Event ID# is U4SG11.