**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

WILLOW RIDGE OF NC

**STREET ADDRESS, CITY, STATE, ZIP CODE**

237 TRYON ROAD
RUTHERFORDTON, NC  28139

**PRINTED:** 01/13/2021

**FORM APPROVED**

**OMB NO. 0938-0391**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/15/2020. Additional record reviews and interviews occurred through 12/18/2020 therefore the exit date was changed to 12/18/2020. The facility was found in compliance with 42 CFR 483.80 infection control regulation and has implemented the CMS and Centers of Disease Control (CDC) recommended practices to prepare for COVID-19. Event ID: BXBE11</td>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted onsite 12/15/2020. Additional record review and interviews occurred through 12/18/2020 therefore the exit date was changed to 12/18/2020. The facility was found in compliance with 42 CFR 483.80 infection control regulation and has implemented the CMS and Centers of Disease Control (CDC) recommended practices to prepare for COVID-19. Event ID: BXBE11 7 of 7 of the complaint allegations were not substantiated</td>
<td>12/18/2020</td>
</tr>
</tbody>
</table>

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

Electrically Signed

01/05/2021

**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.**