STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345277

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ________________
B. WING ____________________

(X3) DATE SURVEY COMPLETED

01/22/2021

NAME OF PROVIDER OR SUPPLIER

WOODLAND HILL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

400 VISION DRIVE
ASHEBORO, NC 27203

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

E 000 Initial Comments

an unannounced COVID-19 Focused Survey was conducted onsite on 1/21/2021 and continued offsite through 1/22/2021. 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. Event ID#624011..

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey was conducted onsite 1/21/2021 and completed offsite 1/22/2021. 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. Event ID 624011.

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

E 000

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.