## Statement of Deficiencies and Plan of Correction

This form is used to document deficiencies found during a survey and the plan of correction to address these deficiencies.

### Woodland Hill Center
- **Address:** 400 Vision Drive, Asheboro, NC 27203
- **ID:** 923365
- **Provider ID:** 345277

### Summary of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td></td>
</tr>
</tbody>
</table>

- An onsite revisit was conducted on 1/4/22 and the facility is back into compliance effective 11/29/21.

### Lab 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.