## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2023 FORM APPROVED OMB NO. 0938-0391

MANNE OF PROVIDER OR SUPPLIER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  WILLOW-VALLEY CENTER FOR NURSING AND REHAB  (IXA) ID  ISANDO ID GRAND PROVIDER SPEAN OF CORRECTION  FREETIX  TAG  (F 000) INITIAL COMMENTS  A complaint investigation and revisit survey was conducted 9/25/2023. Tags F565, F578, F580, F637, F641, F694, F692, F803, F904, and F867 were corrected as of 9/8/2023. No lags were cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is in complaince.								
WILLOW VALLEY CENTER FOR NURSING AND REHAB    Mail	345092			B. WING	B. WING		09/25/2023	
WINSTON-SALEM, NC 27104	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CIT	TY, STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   PREFIX TAG   PROPERTY   PREFIX TAG   PREFIX TAG   PROPERTY   PREFIX TAG   PREFIX TAG   PROPERTY   PREFIX TAG   PROPERTY   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROPERTY   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROPERTY   PREFIX TAG   PREF	WILLOW VALLEY CENTED FOR NUDGING AND DELIAR				1900 W 1ST STREET			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 000)  INITIAL COMMENTS  A complaint investigation and revisit survey was conducted 9/25/2023. Tags F565, F578, F580, F637, F641, F684, F692, F803, F804, and F867 were corrected as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is in complaince.	WILLOW	ALLET CENTERT OR I	OKSING AND KEHAB		WINSTON-SALEM,	NC 27104		
A complaint investigation and revisit survey was conducted 9/25/2023. Tags F565, F578, F580, F637, F641, F684, F692, F803, F804, and F867 were corrected as of 9/6/2023. No tags were cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is in complaince.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	(EACH CC	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT		COMPLETION
conducted 9/25/2023. Tags F565, F578, F580, F637, F641, F684, F692, F803, F804, and F867 were corrected as of 9/6/2023. No tags were cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is in complaince.	{F 000}			{F 0	00}			
the revisit. The facility is in complaince.		conducted 9/25/2023 F637, F641, F684, F6 were corrected as of cited as a result of the	. Tags F565, F578, F580, 692, F803, F804, and F867 9/6/2023. No tags were e complaint investigation					
APPRATORY INSECTORS OF DROUBERISHIPS SECRETARISES SIGNATURE.								
ADODATORY DIFFECTORS OF PROMISE RICHER FERRESCENTATIVES SIGNATURE								
ARODATORY DIRECTOR'S OR PROVIDERICURBLIER REPRESENTATIVE'S SIGNATURE								
ARODATORY DIRECTORS OF PROVIDEDICED PERPESCRITATIVE'S SIGNATURE								
ARODATORY DIRECTOR'S OR PROVIDED/ED DERDESCRITATIVE'S SIGNATURE								
ARODATORY DIDECTOR'S OR PROVIDED/ED DERDESCRITATIVE'S SIGNATURE								
	LABORATORY		CLIDDLIED DEDDECENTATIVE CLONATU	DE		ITI E		(X6) DATE

**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.