PRINTED: 01/09/2025 FORM APPROVED

Division of Health Service Regulation

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
				R-C
	NH0559	B. WING		01/07/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
WILLOWBROOKE COURT SC CTR AT TRYON ESTATE  619 LAUREL LAKE DRIVE  COLUMBUS, NC 28722				
X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
L 000 INITIAL COMMENTS		L 000		
A paper follow-up was	s conducted on 1/7/25 and			
olth Service Regulation				
	ROVIDER OR SUPPLIER  SROOKE COURT SC CTE  SUMMARY ST,  (EACH DEFICIENC' REGULATORY OR L  INITIAL COMMENTS  A paper follow-up was the facility is back into 12/17/24.	NH0559  ROVIDER OR SUPPLIER  STREET AT TRYON ESTATE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A paper follow-up was conducted on 1/7/25 and the facility is back into compliance effective 12/17/24.	ROVIDER OR SUPPLIER  ROOKE COURT SC CTR AT TRYON ESTATE  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A paper follow-up was conducted on 1/7/25 and the facility is back into compliance effective 12/17/24.	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2IP CODE  619 LUREL LAKE DRIVE COLUMBUS, NC 28722  SUMMARY STATEMENT OF DEFICIENCES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A paper follow-up was conducted on 1/7/25 and the facility is back into compliance effective 12/17/24.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

**Electronically Signed**