POST-CERTIFICATION REVISIT REPORT

		PU31	-CERI	IFICATIO	N KEVIƏLI K	EPUKI			
	R / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION						DATE OF REVISIT	
345113	CATION NUMBER Y1	A. Building B. Wing					Y2	1/24/2025	Y3
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE				
WILLOW CREEK NURSING AND REHABILITATION CENTER					2401 WAYNE MEMORIAL DRIVE				
					GOLDSBORO, NC 27534				
program, corrected provision	ort is completed by a qualitor to show those deficiencied and the date such correct number and the identificate report form).	es previously repo ctive action was a	orted on the accomplishe	CMS-2567, Stater d. Each deficiency	nent of Deficiencies an should be fully identifi	d Plan of Cor ed using eith	rection, that have er the regulation or	LSC	
ITEM		DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0584	Correction	ID Prefix	F0656	Correction	ID Prefix	F0658		Correction
Reg. #	483.10(i)(1)-(7)	Completed	Reg.#	483.21(b)(1)(3)	Completed	Reg.#	483.21(b)(3)(i)		Completed
LSC		01/24/2025	LSC		01/24/2025	LSC			1/24/2025
			1500			1.00			172 172020
ID D f	5005	0	ID Desifies	F0700	O a mare at large	ID Doofee	50700		
ID Prefix	F0695	Correction –	ID Prefix	F0726	Correction	ID Prefix	F0760		Correction
Reg.#	483.25(i)	Completed	Reg. #	483.35(a)(3)(4)(c)	Completed	Reg. #	483.45(f)(2)	C	Completed
LSC		- 01/24/2025 -	LSC		01/24/2025	LSC		0	1/24/2025
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		C	Correction
Reg.#	-	- Completed	Reg. #		Completed	Reg. #			Completed
LSC	-	=	LSC			LSC			
	-	_	1500			1.00			
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ID Prefix		Correction	ID Prefix	-	Correction	ID Prefix			Correction
Reg.#		Completed	Reg. #		Completed	Reg. #		C	Completed
LSC			LSC			LSC			
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		C	Correction
Reg. #	-	- Completed	Reg. #		Completed	Reg. #			Completed
LSC			LSC			LSC			,

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

STATE AGENCY

REVIEWED BY

CMS RO

12/6/2024

REVIEWED BY

REVIEWED BY

(INITIALS)

(INITIALS)

DATE

DATE

Page 1 of 1

TITLE

SIGNATURE OF SURVEYOR

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

EVENT ID:

UZH412

YES NO

DATE

DATE