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

# POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>345113                Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                        Y2 | DATE OF REVISIT<br>9/23/2021           Y3 |
|---|---|---|

| NAME OF FACILITY<br>WILLOW CREEK NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2401 WAYNE MEMORIAL DRIVE<br>GOLDSBORO, NC 27534 |
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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|---|---|---|---|---|---|
| ID Prefix F0558<br>Reg. # 483.10(e)(3)<br>LSC | Correction<br>Completed<br>09/07/2021 | ID Prefix F0563<br>Reg. # 483.10(f)(4)(ii)-(v)<br>LSC | Correction<br>Completed<br>09/07/2021 | ID Prefix F0582<br>Reg. # 483.10(g)(17)(18)(i)-(v)<br>LSC | Correction<br>Completed<br>09/07/2021 |
| ID Prefix F0644<br>Reg. # 483.20(e)(1)(2)<br>LSC | Correction<br>Completed<br>09/07/2021 | ID Prefix F0692<br>Reg. # 483.25(g)(1)-(3)<br>LSC | Correction<br>Completed<br>09/07/2021 | ID Prefix F0880<br>Reg. # 483.80(a)(1)(2)(4)(e)(f)<br>LSC | Correction<br>Completed<br>09/07/2021 |
| ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |

| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON<br>7/29/2021 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | ☐ YES ☐ NO |
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