		POST	-CERT	IFICATION	ON REVI	SIT RE	<u> PORT</u>				
	R / SUPPLIER / CLIA /	MULTIPLE CONS	ULTIPLE CONSTRUCTION							DATE OF REVISIT	
345508	CATION NUMBER								7/10/2019 _{Y3}		
	Y							17,10,20	19 Y3		
NAME OF FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE						
UNC REX REHAB & NURSING CARE CENTER OF APEX					911 SOUTH HUGHES STREET APEX, NC 27502						
					APEX, NC 2/	7502					
program, corrected provision	ort is completed by a quato show those deficienced and the date such corresponded in the identified property (a) and the identified property (a).	ies previously repective action was	orted on the accomplishe	CMS-2567, Sta d. Each deficie	atement of Deficiency should be fu	encies and Ily identifie	Plan of Cored using either	rection, that have er the regulation o	been or LSC		
ITEM		DATE	DATE ITEM		D	ATE	ITEM	ITEM			
Y4		Y5	Y4			Y5	Y4			Y5	
ID Prefix	F0638	Correction	ID Prefix	F0641	Cor	rection	ID Prefix	F0761		Correction	
Reg. #	483.20(c)	Completed	Reg. #	483.20(g)	Cor	npleted	Reg.#	483.45(g)(h)(1)(2)		Completed	
LSC		06/28/2019	LSC			28/2019	LSC			06/28/2019	
			1200				100				
ID Prefix	F0812	Correction	ID Prefix		Cor	rection	ID Prefix			Correction	
- "	483.60(i)(1)(2)						_ "				
Reg. #		Completed	Reg. #		Cor	mpleted	Reg. #			Completed	
LSC		06/28/2019	LSC				LSC				
ID Prefix		Correction	ID Prefix		Cor	rection	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Cor	mpleted	Reg. #			Completed	
LSC			LSC				LSC				
ID Prefix		Correction	ID Prefix		Cor	rection	ID Prefix			Correction	
Reg.#		Completed	Reg. #		Cor	mpleted	Reg.#			Completed	
LSC			LSC				LSC				
			+				-				

REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

ID Prefix

Reg.#

LSC

Correction

Completed

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

ID Prefix

Reg. #

5/31/2019

LSC

ID Prefix

Reg. #

LSC

Correction

Completed

YES NO

Correction

Completed