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

PRINTED: 05/28/2020 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	345508	B. WING _	B. WING		05/28/2020	
NAME OF PROVIDER OR SUPPLIER UNC REX REHAB & NURSING CARE CENTER OF APEX			STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502			
SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETIC DATE		
Initial Comments		E 0	E 000			
An unannounced COVID-19 Focused Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TJFW11						
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Control Survey was of facility was found in of §483.80 infection cor implemented the CM Control and Prevention	conducted on 5/28/2020. The compliance with 42 CFR ntrol regulations and has S and Centers for Disease on (CDC) recommended					
	ROVIDER OR SUPPLIER REHAB & NURSING CA SUMMARY ST (EACH DEFICIENC REGULATORY OR Initial Comments An unannounced CC was conducted on 5/found in compliance related to E-0024 (b) for Long Term Care FTJFW11 INITIAL COMMENTS An unannounced CC Control Survey was of facility was found in complemented the CM Control and Preventi	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TJFW11	ROVIDER OR SUPPLIER REHAB & NURSING CARE CENTER OF APEX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TJFW11 INITIAL COMMENTS F 0 An unannounced COVID-19 Focused Infection Control Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended	ROVIDER OR SUPPLIER REHAB & NURSING CARE CENTER OF APEX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502 PREFIX (EACH CORRECTIVE ACTION STAGE CROSS-REFERENCED TO THE ADDEFICIENCY) Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TJFW11 INITIAL COMMENTS F 000 An unannounced COVID-19 Focused Infection Control Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR \$483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended	A BUILDING 345508 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TJFW11 INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended	

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE