**NAME OF PROVIDER OR SUPPLIER**

UNC ROCKINGHAM REHAB & NURSING CARE CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

205 EAST KINGS HIGHWAY
EDEN, NC 27288

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
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</tbody>
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An unannounced COVID-19 Focused Survey was conducted on 5/21/20-5/22/20. 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# 9NIL11

An unannounced COVID-19 Focused Infection Control Survey was conducted on 5/21/20-5/22/20. 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 practices to prepare for COVID-19. Event ID# 9NIL11