STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING _____________________________

B. WING _____________________________

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345458

X2) MULTIPLE CONSTRUCTION

X3) DATE SURVEY COMPLETED

06/25/2020

NAME OF PROVIDER OR SUPPLIER
TREYBURN REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2059 TORREDGE ROAD
DURHAM, NC 27712

ID PREFIX TAG

ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PROVIDER’S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

E 000 Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 6/22/20-6/25/20. 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#VVIQ11.

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey was conducted on 6/22/20-6/25/20. The facility was found in compliance with 42 CFR §483.80 infection control regulation and has implemented the CMS and Center for Disease Control and Prevention (CDC) recommendation practices to prepare for COVID-19. 2 of the 5 complaint allegations were substantiated without deficiency.

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

Electronically Signed

07/01/2020

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.