**ST PLP**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

CAROLINA REHAB CENTER OF CUMBERLAND

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

4600 CUMBERLAND ROAD
FAYETTEVILLE, NC 28306

**DATE SURVEY COMPLETED**

09/14/2020

**ID PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**ID PREFIX TAG**

**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

**COMPLETION DATE**

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<table>
<thead>
<tr>
<th>ID</th>
<th>Tag</th>
<th>Initial Comments</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>An unannounced COVID-19 Focused Survey was conducted on September 11, 2020 through September 14, 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# IPWE11.</td>
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</tbody>
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**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.