**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

**UNIVERSAL HEALTH CARE & REHAB**

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

430 BROOKWOOD AVENUE NE

CONCORD, NC 28025

**ID PREFIX TAG**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>An unannounced Covid 19 Focused Infection Control Survey was conducted 9/30/2020 to 10/1/2020. The facility was found in compliance with 42 CFR 483.73 related to E0024(b)(6) subpart B Requirements for Long Term Care Facilities. Event ID #6XR911.</td>
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<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>An unannounced Covid 19 Focused Infection Control Survey and Complaint investigation was conducted 9/30/2020 to 10/1/2020. The facility was found in compliance with CFR 483.30 Infection Control Regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for Covid 19. During the Complaint investigation 8 of 8 allegations were unsubstantiated. Event ID #6XR911.</td>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

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.