A. BUILDING _______________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345574

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _______________________

B. WING _______________________

(X3) DATE SURVEY COMPLETED

C 01/19/2021

NAME OF PROVIDER OR SUPPLIER

BELLAROSE NURSING AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

200 BELLAROSE LAKE WAY

GARNER, NC  27529

(X4) 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)

(X5) COMPLETION DATE

E 000 Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 1/13/21 through 1/19/21. 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 1FG011

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/13/21 through 1/19/21. The facility was found in compliance with 42 CRF 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CMS) recommended practices to prepare for COVID-19.

6 of 6 of the complaint allegations were not substantiated.