A. BUILDING _____________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345249

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED

C
11/18/2021

NAME OF PROVIDER OR SUPPLIER

UNC ROCKINGHAM REHAB & NURSING CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

205 EAST KINGS HIGHWAY
EDEN, NC  27288

(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 recertification survey was conducted on 11/15/21 through 11/18/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #8H6111.

F 000 INITIAL COMMENTS

A recertification and complaint investigation survey was conducted from 11/15/21 through 11/18/21. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). 18 of the 18 complaint allegation's were not substantiated. Event ID# 8H6111

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

Electronically Signed

12/03/2021

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.