## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:

345505

### Multiple Construction

A. Building _____________________________

B. Wing ________________________________

### Date Survey Completed

02/24/2022

### Name of Provider or Supplier

CAROLINA REHAB CENTER OF CUMBERLAND

### Street Address, City, State, ZIP Code

4600 CUMBERLAND ROAD

FAYETTEVILLE, NC  28306

### ID Prefix Tag

<table>
<thead>
<tr>
<th>E 000</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An unannounced COVID-19 Focused Survey was conducted on 02/23/2022 to 02/24/2022. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# T7JS11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F 000</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 02/23/2022 to 02/24/2022. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 12 of the 12 complaint allegations were not substantiated.</td>
</tr>
</tbody>
</table>

### Initial Comments

E 000

#### Laboratory Director's or Provider/Supplier Representative's Signature

Electronically Signed

02/24/2022

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.