POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345508 _{Y1}	B. Wing	Y2	5/18/2023	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
UNC REX REHAB & NURSING CARE CENTER OF APEX		911 SOUTH HUGHES STREET		
		APEX. NC 27502		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

М	DATE	ITEM		DATE	ITEM		DATE
	Y5	Y4		Y5	Y4		Y5
F0550 483.10(a)(1)(2)(b)	(1)(2) Correction Completed 05/04/2023	ID Prefix Reg. # LSC	F0584 483.10(i)(1)-(7)	Correction Completed 05/04/2023	ID Prefix Reg. # LSC	F0761 483.45(g)(h)(1)(2)	Correction Completed 05/04/2023
F0814 483.60(i)(4)	Correction Completed 05/04/2023	ID Prefix Reg. # LSC	F0919 483.90(g)(1)(2)	Correction Completed 05/04/2023	ID Prefix Reg. # LSC		Correction
	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) OMPLETED ON		TITLE CK FOR ANY UNCORF	RECTED DEFICIENCIES			es 🗆 NO
	F0550 483.10(a)(1)(2)(b) F0814 483.60(i)(4) BBY BBY D BY D BY	F0550 Correction 483.10(a)(1)(2)(b)(1)(2) Completed 50814 Correction 483.60(i)(4) Correction 483.60(i)(4) Correction Completed 05/04/2023 Correction Completed 05/04/2023 Correction Completed Correction Completed Correction Completed Completed 05/04/2023 Correction Completed Completed 05/04/2023 Correction Completed Completed 05/04/2023 Correction Completed Completed Dest Reviewed By ID BY REVIEWED BY	Y5 Y4 F0550 Correction ID Prefix 483.10(a)(1)(2)(b)(1)(2) Completed Reg. # 5050 Correction ID Prefix F0814 Correction ID Prefix 483.60(i)(4) Completed Reg. # Correction ID Prefix A83.60(i)(4) Correction ID Prefix Correction ID Prefix Reg. # LSC LSC Correction ID Prefix Reg. # LSC Reg. # Completed Reg. #	Y5 Y4 F0550 Correction ID Prefix F0584 483.10(a)(1)(2)(b)(1)(2) Completed Reg. # 483.10(i)(1)(-(7) 5/04/2023 ID Prefix F0919 483.60(i)(4) Correction ID Prefix F0919 483.60(i)(4) Correction ID Prefix F0919 483.60(i)(4) Correction ID Prefix Esc	Y5 Y4 Y5 F0550 Correction ID Prefix F0584 Correction 483.10(a)(1)(2)(b)(1)(2) Completed Reg. # 483.10(i)(1)-(7) Completed 1D Prefix F0919 Correction Reg. # 483.90(i)(1)-(7) Completed 483.60(i)(4) Correction Reg. # 483.90(g)(1)(2) Completed Correction 483.60(i)(4) Correction Reg. # 483.90(g)(1)(2) Completed Correction 483.60(i)(4) Correction Reg. # 483.90(g)(1)(2) Completed Correction Correction ID Prefix Correction Correction Correction ID Prefix Correction Correction Reg. # Co	Y5 Y4 Y5 Y4 F0550 Correction ID Prefix F0584 Correction ID Prefix 483.10(a)(1)(2)(b)(1)(2) Completed Gorold2023 LSC Completed Reg. # 50814 Correction ID Prefix F0919 Correction ID Prefix 60804/2023 LSC Correction ID Prefix F0919 Correction ID Prefix 60804/2023 LSC Correction ID Prefix F0919 Correction ID Prefix 60804/2023 LSC Correction ID Prefix Completed Reg. # LSC Correction ID Prefix Correction ID Prefix Completed Reg. # Correction ID Prefix Correction ID Prefix Correction ID Prefix Correction ID Prefix Correction ID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # LSC LSC	Y5 Y4 Y5 Y4 F0550 Correction ID Prefix F0584 Correction ID Prefix F0761 483.10(a)(1)(2)(b)(1)(2) Completed Reg. # 483.10(a)(1)-(7) Completed Reg. # 483.45(g)(b)(1)(2) LSC