## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTEDS FOR MEDICADE & MEDICAID SERVICES

PRINTED: 02/26/2021 FORM APPROVED

ND PLAN OF CORRECTION IDENTIFICATION NUMBER:  095036  B, WING  01/28/2021  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW			NEDICAID SERVICES		_		JMR NO.	0938-0391
NAME OF PROVIDER OR SUPPLIER  UNIQUE REHABILITATION AND HEALTH CENTER LLC  SUMMARY STATEMENT OF DERIGENOISS PREFER TAG  (EACH DEPICIENCY MUST GE PRECEDED BY PULL REGULATORY TAG  Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicald Services (CMS) on January 25, 2021. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). No deficiencies were identified.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
UNIQUE REHABILITATION AND HEALTH CENTER LLC  SIMMARY STATEMENT OF DEFICIENCY PRECY, PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MOST BE PROGRAM IN PAUL REQUILATORY PRECY, TAG  Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on January 25, 2021. The facility was found to be in compliance with 42 CPR §483.73 related to E-0024 (b)(6). No deficiencies were identified.			095036	B, WING			01/2	8/2021
PREFIX TAG   (EACH DEFICIENCY MUST BE RECEDED BY HILL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   CONSTITUTION ON THE DEFICIENCY    E 000   Initial Comments   E 000    A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicald Services (CMS) on January 25, 2021. The facility was found to be in compliance with 42 CFR §483,73 related to E-0024 (b)(6). No deficiencies were identified.	NAME OF PROVIDER OR SUPPLIER  UNIQUE REHABILITATION AND HEALTH CENTER LLC					01 FIRST STREET NW		
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		A COVID-19 Focus Survey was conducted. Medicaid Services The facility was four CFR §483.73 related efficiencies were id	ted by the Centers for Medicare (CMS) on January 25, 2021. Indicate to be in compliance with 42 d to E-0024 (b)(6). No entifled.		000			
	ABORATORY	DIRECTOR'S OR PROVIDER		E			1/2	(X6) DATE

Any deficiency statement ending with an esterick (\*) 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.