

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345138 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/17/2025 |
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| NAME OF PROVIDER OR SUPPLIER Lenoir Health and Rehabilitation Center | | | STREET ADDRESS, CITY, STATE, ZIP CODE 322 Nuway Circle , Lenoir, North Carolina, 28645 | |
| (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 |
| F0000 | <p>INITIAL COMMENTS</p> <p>The survey team entered the facility on 10/14/25 to conduct an unannounced complaint investigation. The survey team was onsite 10/14/25 and 10/15/25. Additional information was obtained offsite on 10/16/25 and 10/17/25. Therefore, the exit date was changed to 10/17/25. Event ID# 1D92F8-H1. The following intakes were investigated 2620120, 2626602, 2620907, and 2643857. 5 of the 5 complaint allegations did not result in deficiency.</p> <p>Due to QSO 26-01 ALL the posting of this 2567 will be held pending the end of the federal government shutdown.</p> | F0000 | | |

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 reverse for further 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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