**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:**
345510

**MULTIPLE CONSTRUCTION**
A. BUILDING _____________________________
B. WING _____________________________

**DATE SURVEY COMPLETED**
03/09/2015

**NAME OF PROVIDER OR SUPPLIER**

TARBORO NURSING CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**
911 WESTERN BOULEVARD
TARBORO, NC 27886

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER’S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>No deficiencies were cited as a result of the complaint investigation conducted on 3/8-3/9/15. Event ID CX5211.</td>
<td></td>
</tr>
</tbody>
</table>

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed
03/13/2015

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.