## Statement of Deficiencies and Plan of Correction

### Building Identification Number:
345104

### Multiple Construction Wing:
B. Wing

### Date Survey Completed:
07/28/2016

### Name of Provider or Supplier:
Zebulon Rehabilitation Center

### Street Address, City, State, Zip Code:
509 West Gannon Avenue
Zebulon, NC 27597

### Laboratory Director’s or Provider/Supplier Representative’s Signature:
Electronically Signed
08/04/2016

### Summary Statement of Deficiencies:
No deficiencies were cited as a result of this complaint investigation conducted on 7/28/2016 Event ID # 50ZE11

### Provider’s Plan of Correction:

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>TAG</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 this complaint investigation conducted on 7/28/2016 Event ID # 50ZE11</td>
</tr>
</tbody>
</table>

**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.**