### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 34535

**DATE SURVEY COMPLETED:** 12/10/2018

**MULTIPLE CONSTRUCTION WING:**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<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>A paper follow up was conducted on 12/10/18 and the facility is back into compliance effective 12/06/18.</td>
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</tr>
</tbody>
</table>

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

**FRANKLIN OAKS NURSING AND REHABILITATION CENTER**

1704 NC HIGHWAY 39 N
LOUISBURG, NC 27549

**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:**

**DATE:**

**DESCRIPTION:**

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.