**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
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<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<td>01/19/2021</td>
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**NAME OF PROVIDER OR SUPPLIER**

TREYBURN REHABILITATION CENTER

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

2059 TORREDGE ROAD
DURHAM, NC  27712

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**PROVIDER'S PLAN OF CORRECTION**

*(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)*

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**NAME OF PROVIDER OR SUPPLIER**

TREYBURN REHABILITATION CENTER

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

2059 TORREDGE ROAD
DURHAM, NC  27712

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**SUMMARY STATEMENT OF DEFICIENCIES**

*(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)*

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<tr>
<th>ID PREFIX</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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**INITIAL COMMENTS**

R. Lyaifer

An onsite follow-up investigation was conducted on 1/11/21-1/19/21. The facility was found to be back in compliance effective on 11/16/20.

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

Electronically Signed

01/25/2021

**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.**