A. BUILDING ________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345104

(X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: 345104

B. WING ______________________________

(X3) DATE SURVEY COMPLETED 01/14/2021

NAME OF PROVIDER OR SUPPLIER
ZEBULON REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
509 WEST GANNON AVENUE ZEBULON, NC  27597

(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

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The survey team entered the facility on 1/13/21 to conduct a complaint investigation. The survey team was onsite 1/13/21. Additional information was obtained offsite on 1/14/21. Therefore, the exit date was 1/14/21. Event ID# 95OY11. Two (2) of the 2 complaint allegations were not substantiated.

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

Electronically Signed

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.