### Statement of Deficiencies and Plan of Correction

#### (X1) Provider/Supplier/CLIA Identification Number:

345137

#### Name of Provider or Supplier

**The Lodge at Rocky Mount Health and Rehabilitation**

**Street Address, City, State, Zip Code**

3322 Village Road  
Rocky Mount, NC  27804

#### (X4) ID Prefix Tag

<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>
<th>(X5) Completion Date</th>
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</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>An onsite revisit was conducted on 6/8/2021 and the facility is back into compliance effective 5/14/2021. The Directed Plan of Correction including the Root Cause Analysis was reviewed.</td>
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#### Laboratory Director's or Provider/Supplier Representative's Signature

Electronically Signed

06/22/2021

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.