STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313

(X2) MULTIPLE CONSTRUCTION
A. BUILDING __________________________
B. WING ____________________________

(X3) DATE SURVEY COMPLETED
R-C 02/21/2022

NAME OF PROVIDER OR SUPPLIER
NORTHAMPTON NURSING AND REHABILITATION CENTER
STREET ADDRESS, CITY, STATE, ZIP CODE
HWY 305 NORTH
JACKSON, NC  27845

(X4) ID PREFIX TAG  ID PREFIX TAG  PROVIDER’S PLAN OF CORRECTION
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)  COMPLETION DATE

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION</th>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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<td>A paper follow up was conducted on 2/21/22. Tags F657, F684, F694, and F842 were corrected as of 2/15/22. The facility is back into compliance effective 2/17/22 as a result of an additional paper follow up conducted at the same time as this follow up.</td>
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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.