## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:
345218

### Name of Provider or Supplier
MARY GRAN NURSING CENTER

### Address
120 SOUTHWOOD DRIVE
CLINTON, NC 28329

### Date Survey Completed
10/04/2017

### Summary Statement of Deficiencies
No deficiencies were cited as a result of the complaint investigation conducted 10/4/17. Intakes NC00131488 and NC00131247. Event ID TS2I11.

### Provider's Plan of Correction

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<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
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<td>F 000</td>
<td>INITIAL COMMENTS</td>
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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.