**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:**
GRANTSBOOK NURSING AND REHABILITATION CENTER

**Street Address, City, State, Zip Code:**
290 KEEL ROAD
GRANTSBORO, NC 28529

**DATE COMPLETED:** 11/03/2020

### Summary Statement of Deficiencies

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_Initial Comments_

An unannounced COVID-19 Focused Survey was conducted on 11/03/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TCNF11

_F 000 INITIAL COMMENTS_

An unannounced COVID-19 Focused Infection Control Survey and follow up revisit were conducted on 11/03/20. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID#TCNF11

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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.

Electronically Signed

11/04/2020