**NAME OF PROVIDER OR SUPPLIER**  
MARY GRAN NURSING CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**  
120 SOUTHWOOD DRIVE  
CLINTON, NC  28329

| ID | PREFIX | TAG | SUMMARY STATEMENT OF DEFICIENCIES  
 Cần được bao bọc bằng thông tin liên quan đến quy định hoặc các đơn vị xác định (CADA) | ID | PREFIX | TAG | PROVIDER'S PLAN OF CORRECTION  
Cada ogni azione correttiva dovrebbe essere citata alla giusta DESCRIZIONE DI DEFICIENCY | (X5) COMPLETION DATE |
|----|--------|-----|---------------------------------------------------------------------------------|----|--------|-----|---------------------------------------------------------------------------------|-----|
| E 000 | Initial Comments | E 000 | An unannounced COVID-19 Focused Survey was conducted on 08/26/2021. 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# GN6011.  
3 of the 3 complaint allegations were not substantiated. |  |
| F 000 | INITIAL COMMENTS | F 000 | An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/26/2021. 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.  
3 of the 3 complaint allegations were not substantiated. |  |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excuses 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.