**Divison of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>PROVIDER/SUPPLIER CLIA IDENTIFICATION NUMBER:</th>
<th>A. BUILDING:</th>
<th>B. WING:</th>
<th>DATE SURVEY COMPLETED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN4401</td>
<td></td>
<td></td>
<td>01/26/2011</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER:**
MABRY HEALTH CARE

**STREET ADDRESS, CITY, STATE, ZIP CODE:**
1340 N GRUNDE QUARLES HWY P O BOX 7
GAINESBORO, TN 38562

**ID PREFIX TAG**

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
</table>
| N 000  | Initial Comments

During the annual Licensure survey conducted on January 27, 2011, at Mabry Health Care, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.  | N 000        |                                                        |               |

**Prepared by:**
**Title:**
**Prep Date:**

Kathleen M. Graves

2-9-2011