## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLA Identification Number

**TN0105**

### Multiple Construction

- **A. Building:** 01 - Main Building 01
- **B. Wing:**

### Date Survey Completed

**09/30/2013**

### Name of Provider or Supplier

**NHC Healthcare, Oak Ridge**

### Street Address, City, State, Zip Code

**300 Laboratory Rd, Oak Ridge, TN 37831**

### Summary Statement of Deficiencies

**N 002 1200-8-6 No Deficiencies**

During the Life Safety portion of the annual Licensure survey conducted on September 30, 2013, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.

### Provider’s Plan of Correction

**N 002**

### Complete Date

**10/15/13**

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**Division of Health Care Facilities**

**Laboratory Director or Provider/Supplier Representative’s Signature**

**Title**

**Date**

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**OCT 18 2013**