F 000  INITIAL COMMENTS

A Recertification survey and complaint investigations #27141, #28443, #29280, and #28553, were completed on August 13, 2013, at Blount Memorial Transitional Care Center. No deficiencies were cited related to complaint investigations #27141, #28443, #29280, and #28553, and no deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care Facilities.

<table>
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<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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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 patient. (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.

LAboratory Directors or Provider/Supplier Representative's Signature: [Signature]

Title: Administrator

Date: 8/27/13

Event ID: 277111

Facility ID: TN0501