## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number

- TN0503

### Multiple Construction

- A. Building
- B. Wing

### Date Survey Completed

- 09/06/2012

### Name of Provider or Supplier

- Fairpark Healthcare Center

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

- 307 N Fifth St Box 5477
- Maryville, TN 37801

### Summary Statement of Deficiencies

#### Initial Comments

During complaint investigation of # 30404, conducted on September 6, 2012, at Fairpark Healthcare Center, no deficiencies were cited in relation to the complaint under 1200-8-6, Standards for Nursing Homes.