Division of Health Care Facilities

<table>
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<tr>
<th>PROVIDER/SUPPLIER/CILA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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<tbody>
<tr>
<td>TN0702</td>
<td>A. BUILDING:</td>
</tr>
<tr>
<td></td>
<td>B. WING</td>
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<td>08/20/2013</td>
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**NAME OF PROVIDER OR SUPPLIER**

TENNOVA LAFOLLETTE HEALTH AND REHAB

**STREET ADDRESS, CITY, STATE, ZIP CODE**

200 TORREY ROAD
LAFOLLETTE, TN 37768

<table>
<thead>
<tr>
<th>(X4) ID PREFIX 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-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>(05) COMPLETE DATE</th>
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<tbody>
<tr>
<td>N 001</td>
<td>1200-8-6 Initial Comments</td>
<td>N 001</td>
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A Licensure survey and complaint investigation #31228, and #31075, were completed on August 28, 2013, at Tennova Lafollette Health and Rehab Center. No deficiencies were cited related to complaint investigation #31228, and #31075, under Chapter 1200-8-6, Standards for Nursing Homes.