**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-6 No Deficiencies</td>
<td>During the Life Safety portion of the annual Licensure survey conducted on March 10, 2014, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER:** IVY HALL NURSING HOME  
**STREET ADDRESS, CITY, STATE, ZIP CODE:** 301 WATAUGA AVE, ELIZABETHTON, TN 37643

**DATE SURVEY COMPLETED:** 03/10/2014

**ID PREFFIX TAG:** N 002

**DATE:** 3-08-14

**Signatures:**
- **Laboratory Director:** Judy Carter 
- **Provider/Supplier Representative:**

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**Date:** 3/03/2014

**Form Approved:**

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**Note:** This document details a survey of IVY HALL NURSING HOME on March 10, 2014, finding no deficiencies under the Life Safety portion of the annual Licensure survey. For more details, see the summary statement provided.