Division of Health Care Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

TN1801

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY
COMPLETED

C
07/12/2012

NAME OF PROVIDER OR SUPPLIER
LIFE CARE CENTER OF CROSSVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
80 JUSTICE ST
CROSSVILLE, TN 38555

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

N 000 Initial Comments

During investigation of C/O #30077 conducted
July 10, 2012 at Life Care Center of Crossville, no
deficiencies were cited under Chapter 1200-8-6
Standards for Nursing Homes.

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

N 000

(X5) COMPLETE
DATE

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Executive Director

DATE
7-33-12

STATE FORM
6GSB11

JUL 24 2012