**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(x1) PROVIDER/SUPPLIER/CLAUS\ IDENTIFICATION NUMBER: TN1801

(x2) MULTI\ CONSTRUCTION:
A. BUILDING
B. WING

(x3) DATE SURVEY COMPLETED: 07/14/2010

NAME OF PROVIDER OR SUPPLIER: LIFE CARE CENTER OF CROSSVILLE

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

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 000</td>
<td></td>
<td>Initial Comments</td>
<td>N 000</td>
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</tbody>
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An annual License and Complaint Investigation #26348 and #25796 was completed at Life Care Center of Crossville on July 12, 2010, through July 14, 2010. No deficiencies were cited under Chapter 1200-8-8, Standards for Nursing Homes.

**BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

[Signature]

**TITLE**

Executive Director

**DATE**

7/14/10

**F Ill MA T E FORM**

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