**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(K1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>(K2) MULTIPLE CONSTRUCTION</th>
<th>(K3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>445222</td>
<td>A. BUILDING 01 - MAIN BUILDING 01</td>
<td>02/10/2014</td>
</tr>
<tr>
<td>B. WING</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

SOUTHERN TENN MEDICAL CENTER SNF

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

629 HOSPITAL ROAD
WINCHESTER, TN 37398

**FINAL OBSERVATIONS**

Based on observations, testing, and records review on 2/10/14, it was determined the facility was in compliance with the Life Safety Code.

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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

[Signature]

**TITLE**

[Title]

**(K5) DATE**

2/28/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
**Final Observations**

Based on observations, testing, and records review on 2/10/14, it was determined the facility was in compliance with the Life Safety Code.

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**Laboratory Director's or Provider/Supplier Representative Signature**

[Signature]

**Title**

[Title]

[Date] 2/10/14

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*Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions: Except for nursing homes, the findings stated above are inspectable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are inspectable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.*