# Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th><strong>X1</strong> Provider/Supplier/VCLA Identification Number</th>
<th><strong>X2</strong> Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>445408</td>
<td>A. Building</td>
</tr>
<tr>
<td></td>
<td>B. Wing</td>
</tr>
</tbody>
</table>

**Name of Provider or Supplier**

**Soddy-Daisy Health Care Center**

**Street Address, City, State, Zip Code**

701 Sequoyah Road
Soddy-Daisy, TN 37379

**Date Survey Completed**

01/30/2013

## Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

## Provider’s Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

## Initial Comments

Complaint investigation #30551 and #30699 were completed at Soddy-Daisy Health Care Center on January 30, 2013. No deficiencies were cited under 42 CFR PART 482, Requirements for Long Term Care.

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

**Title**

**Date**