**NAME OF PROVIDER OR SUPPLIER:**
LIFE CARE CENTER OF ATHENS

**STREET ADDRESS, CITY, STATE, ZIP CODE:**
1234 FRYE STREET, PO BOX 788
ATHENS, TN 37371

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<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG 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>
</table>
| N 001     | 1200-8-6 | Initial Comments
An annual licensure survey was completed on August 5, 2013, through August 7, 2013, at Life Care center of Athens. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. | N 001     |     |                                                                                                            |              |

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**Division of Health Care Facilities**

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**TITLE**

**DATE**

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**STATE FORM**

**PD5M11**

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**Executive Director**

8/27/13

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If consolidation sheet: 1 of 1