**STATEMENT OF DEFIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
THE PALACE

**STREET ADDRESS, CITY, STATE, ZIP CODE**
305 MAIN ST
RED BOILING SPRINGS, TN 37150

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LCD 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 003</td>
<td></td>
<td>1200-8-8 Special Circumstances</td>
<td>N 003</td>
<td></td>
<td>The Palace acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the Summary of Findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of correction is submitted as a written allegation of compliance. The Palace response to this statement of deficiencies and POC does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate.</td>
<td></td>
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</tbody>
</table>

This Rule is not met as evidenced by:

Nurse Aide Training Program

The Palace Care and Rehab
Red Boiling Springs, Tn.
445329

The NAT program at The Palace Care and Rehab was reviewed on 8/14/12. No deficiencies found.

Vicky McCartney R.N. PHNC1

**RECEIVED**

[Signature]

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

**STATE FORM**

[Signature]

[02/12]