### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**NAME OF PROVIDER OR SUPPLIER:** NHC HEALTHCARE, COLUMBIA

**STREET ADDRESS, CITY, STATE, ZIP CODE:**
101 WALNUT LANE
COLUMBIA, TN 38401

**ID PREFIX TAG:** TN6005

**MULTIPLE CONSTRUCTION**
A. BUILDING: 02 - STATE BUILDING
B. WING

**DATE SURVEY COMPLETED:** 07/09/2013

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-6 No Deficiencias</td>
<td>N 002</td>
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This Rule is not met as evidenced by:

During the annual licensure survey completed on 7/8/13, it was determined the facility was in compliance with the Life Safety Code requirements of the Tennessee Department of Health, Board of Licensing Health Care Facilities and Chapter 1200-08-06 Standards for Nursing Homes and its referenced publications.