**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**X1** PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER:

445455

**X2** MULTIPLE CONSTRUCTION

A. BUILDING 03 - MAIN BUILDING

B. WING

**X5** DATE SURVEY COMPLETED

02/02/2010

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**NAME OF PROVIDER OR SUPPLIER**

CLARKSVILLE NURSING AND REHABILITATION CENTER

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

900 PROFESSIONAL PARK DRIVE

CLARKSVILLE, TN 37040

**ID PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**K 000 INITIAL COMMENTS**

During the annual recertification survey conducted on 2/2/10, this facility was found to be in compliance with the requirements of the Federal Register at 42CFR 483.70(a) using the existing Health Care Section (Chapter 19) of the 2000 edition of the Life Safety Code and its referenced publications.

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

[Signature]

**TITLE**

Administrator

**X6** DATE

2/18/2010

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.