**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

_(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:_

**TN7001**

_(X2) MULTIPLE CONSTRUCTION_  
A. BUILDING: ____________________________  
B. WING: ____________________________  
C. DATE SURVEY COMPLETED  
10/18/2013

**NAME OF PROVIDER OR SUPPLIER**  
LIFE CARE CENTER OF COPPER BASIN

**STREET ADDRESS, CITY, STATE, ZIP CODE**  
166 COPPER BASIN INDUSTRIAL PARK PO BOX 518  
DUCKTOWN, TN 37326

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
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</thead>
</table>
| N 000             | Initial Comments  
Complaint investigation #30377, #31144, and #32264 was completed at Life Care Center of Copper Basin on October 18, 2013. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. | N 000         |                                                                                             |                    |