### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>(X1) Provider/Supplier/Clinic Identification Number:</th>
<th>(X2) Multiple Construction A. Building 01 - Main Building 01 B. Wing</th>
<th>(X3) Date Survey Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>445110</td>
<td></td>
<td>C 01/03/2013</td>
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### Name of Provider or Supplier

**NHC Healthcare, Cookeville**

**Street Address, City, State, Zip Code**

815 South Walnut Avenue

Cookeville, TN 38501

### Summary Statement of Deficiencies

(Each deficiency must be preceded by full regulatory or LSC identifying information)

### Provider's Plan of Correction

(Each corrective action should be cross-referenced to the appropriate deficiency)

### Final Observations

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Based on interview, record review and observation during the complaint investigation #TN00030976 conducted on 1/3/13 there were no fire safety deficiencies cited.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

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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.