## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLA Identification Number:**

- **TN7505**

**Name of Provider or Supplier:**

- **NHC Healthcare, Murfreesboro**

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

- **420 N University St, Murfreesboro, TN 37130**

**Date Survey Completed:**

- **07/12/2013**

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-6</td>
<td>No Deficiencies</td>
<td>N 002</td>
</tr>
</tbody>
</table>

This Rule is not met as evidenced by:

Based on observations, testing, and records review during complaint investigation TN0032040 on 7/12/13, 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.