### Statement of Deficiencies

**Provider/Supplier/CLA Identification Number:**
TN8001

**Multiple Construction:**
- **A. Building:**
- **B. Wing:**

**Date Survey Completed:**
09/18/2013

**Name of Provider or Supplier:**
KINDRED NURSING AND REHABILITATION

**Address:**
112 HEALTH CARE DR
CARTHAGE, TN 37030

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 001 1200-8-6 Initial Comments</td>
<td></td>
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</tbody>
</table>

This Rule is not met as evidenced by: Complaint investigation number #30416, #31314, #31491, #31880, #32207, #32390, #32457, and #32474 were completed on September 11-17, 2013, at Kindred Nursing and Rehabilitation - Smith County. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.