**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

**SMITH COUNTY HEALTH CARE CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
112 HEALTH CARE DR
CARTHAGE, TN 37030

**DATE SURVEY COMPLETED**
07/11/2012

**SUMMARY STATEMENT OF DEFICIENCIES**

During complaint investigation of #28988 conducted on July 11, 2012, at Smith County Health Care Center, no deficiencies were cited in relation to the complaint under 42 CFR PART 482.13, Requirements for Long Term Care.

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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.