**Division of Health Care Facilities**

**Statement of Deficiencies and Plan of Correction**

- **Provider/Supplier/CLIA Identification Number:** TN8307
- **Multiple Construction:**
  - A. Building: 02 - State Building
- **Date Survey Completed:** 03/08/2010

**Name of Provider or Supplier:**
- **Westmoreland Care & Rehab CTR**
- **Street Address, City, State, Zip Code:**
  - 1559 New Highway 52
  - Westmoreland, TN 37186

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LGI 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>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-8 No Deficiencies</td>
<td>N 002</td>
<td>Measures to prevent recurrence: The Maintenance Department will monitor outlets throughout the facility monthly to ensure proper working order, and that cover plates are intact as required. Monitoring: Findings of the Maintenance audits will be forwarded to the Administrator monthly to ensure compliance. Findings will be reported to the QA committee monthly for 3 months for recommendations and further follow-up as indicated.</td>
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During the annual licensure survey completed on 3/8/10 this facility was found to be in compliance with the fire safety state licensure regulations.