### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** TN8801

**Building:** 01 - Main Building 01

**Wing:**

**Date Survey Completed:** 12/17/2013

**Name of Provider or Supplier:** Generations Center of Spencer

**Street Address, City, State, Zip Code:** 87 Generations Drive, Spencer, TN 38585

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information)</th>
<th>Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
<th>OS Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-6 No Deficiencies</td>
<td>N 002</td>
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</tbody>
</table>

Based on observations, testing, and records review on 12/17/13, 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.