### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLA Identification Number:** 445439

**Building:** Building 01 - Main Building 01

**Wing:** B

**Date Survey Completed:** 09/08/2013

**Name of Provider or Supplier:** MT JULIET HEALTH CARE CENTER

**Street Address, City, State, Zip Code:** 2859 NORTH MT JULIET ROAD, MOUNT JULIET, TN 37122

### Summary Statement of Deficiencies

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
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<td>K000</td>
<td>INITIAL COMMENTS</td>
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No deficiencies were cited as a result of Complaint Investigation TN00032433 completed on September 6, 2013.