Name of Provider or Supplier: Cumberland Village Genesis Healthcare  
Street Address, City, State, Zip Code: 136 Davis Lane, Lafollette, TN 37766

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
</table>
| N 002  |        |     | 1200-8-6 No Deficiencies  
This Rule is not met as evidenced by:  
During complaint investigations # 30904, #30992, and #31162, no deficiencies were cited under 1200-8-6 Standards for Nursing Homes. | N 002 |        |     |                                                |