STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(provider/supplier/clia identification number)

445281

Multiple construction

A. Building

B. Wing

(date survey completed)

C 07/27/2011

(name of provider or supplier)

Grace Healthcare of Whites Creek

(street address, city, state, zip code)

3425 Knight Drive

Whites Creek, TN 37189

(name of provider or supplier)

Grace Healthcare of Whites Creek

(street address, city, state, zip code)

3425 Knight Drive

Whites Creek, TN 37189

(name of provider or supplier)

Grace Healthcare of Whites Creek

(street address, city, state, zip code)

3425 Knight Drive

Whites Creek, TN 37189

(any defects must be preceded by full regulatory or lsc identifying information)

F9999 Final observations

Intakes: TN00026176

The facility was found to be in compliance; no deficiencies were cited.

(provider's plan of correction)

Each corrective action should be cross-referenced to the appropriate deficiency

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.