## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:

**445203**

### Multiple Construction

#### (A) Building

#### (B) Wing

### Date Survey Completed

**02/24/2010**

### Name of Provider or Supplier

**West Meade Place**

### Street Address, City, State, Zip Code

1000 St Luke Drive

Nashville, TN 37205

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>(X5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F9999</strong> FINAL OBSERVATIONS</td>
<td></td>
</tr>
</tbody>
</table>

Intakes: TN00023082

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Complaint Investigation TN00023082

Complaint Investigation TN00023082 was conducted on 2/21/10 through 2/24/10 and this facility was found to be in compliance with state and federal regulations.

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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.