**NAME OF PROVIDER OR SUPPLIER**

SODDY-DAISY HEALTH CARE CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

701 SEQUOYA ROAD

SODDY-DAISY, TN 37379

**DATE SURVEY COMPLETED**

C 12/14/2011

<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>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
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During investigation of complaints #TN00028849 and #TN00029006 conducted on December 12 - 14, 2011, at Soddy-Daisy Health Care Center, no deficiencies were cited under 42 CFR PART 482.13, Requirements for Long Term Care.