### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

PLEASANT VIEW HEALTH CARE CENTER

214 NORTH WATER STREET

BOLIVAR, TN  38008

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<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>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-6 No Deficiencies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Rule is not met as evidenced by:

Intakes: TN00032168

During the investigation survey conducted on 10/27/13 this facility was found to be in compliance with the Life Safety Code requirements of the Tennessee Department of Health, Board for Licensing Health Care Facilities, Chapter 1200-8-06, Standards for Nursing Homes.