## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:

445352

### Multiple Construction

A. Building 01 - Main Building 01

B. Wing _____________________________

### Date Survey Completed

01/19/2010

### Name of Provider or Supplier

Pleasant View Health Care Center

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

214 North Water Street
Bolivar, TN 38008

### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K9999</td>
<td>FINAL OBSERVATIONS</td>
<td></td>
<td>Intakes: TN00024892</td>
<td></td>
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<td></td>
<td>During the investigation completed on 1/19/10, this facility was found to be in compliance with the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2000 edition, Chapter 19, existing Health Care Occupancies.</td>
<td></td>
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</tbody>
</table>

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.

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Event ID: PM9P21
Facility ID: TN3502

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