**Statement of Deficiencies and Plan of Correction**

**Named of Provider or Supplier:** Hardin Co Nursing Home

**Street Address, City, State, Zip Code:** 935 Wayne Road, Savannah, TN 38372

**Date Survey Completed:** 05/25/2011

**Provider/Supplier/CLIA Identification Number:** 445372

**Multiple Construction Wing:**

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<th>ID Prefix</th>
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<td><strong>Final Observations</strong></td>
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No regulatory violation was found as a result of this investigation #TN00027962 and TN00027931.

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.