## HOLSTON HEALTH & REHABILITATION CENTER

| ID | PREFIX | TAG | SUMMARY STATEMENT OF DEFICIENCIES | ID | PREFIX | TAG | PROVIDER'S PLAN OF CORRECTION | (X6) DATE
|----|--------|-----|-----------------------------------|----|--------|-----|-------------------------------|--------
| F 000 | INITIAL COMMENTS | | During a complaint investigation at Holston Health and Rehabilitation Center on April 27, 2011, no deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care. | F 000 | | | | |
| | | | | C/O: #27804 | | | | |

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A Laboratory Director's or Provider/Supplier Representative's Signature

Title

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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.