**Statement of Deficiencies and Plan of Correction**

**Provider/Supplier/Clinical Laboratory Identification Number:**

44E251

**Name of Provider or Supplier:** Serene Manor MedicalCtr.

**Street Address, City, State, Zip Code:**

970 Wray St

Knoxville, TN 37917

**Date Survey Completed:**

06/23/2011

**Initial Comments:**

During a complaint investigation at Serene Manor on June 23, 2011, no deficiencies were cited under 42CFR Part 483, Requirements for Long Term Care.

C/O: #28247

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**Laboratory Director's or Provider/Supplier Representative's Signature and Title:**

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting if 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.