## Statement of Deficiencies and Plan of Correction

**MAPLEWOOD HEALTH CARE CENTER**

**NAME OF PROVIDER OR SUPPLIER:** MAPLEWOOD HEALTH CARE CENTER  
**STREET ADDRESS, CITY, STATE, ZIP CODE:** 100 CHERRYWOOD PLACE, JACKSON, TN 38305

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**K9999 FINAL OBSERVATIONS**

Intakes: TN00028762

During the investigation completed on 10/24/11, this facility was found to be in compliance with the reviewed requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2000 edition, Chapter 19, Existing Health Care Occupancies.

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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.