### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 445374

**State of Tennessee:**
- **Date Survey Completed:** 06/30/2011
- **Printed:** 12/16/2011
- **Form Approved:** OMB No. 0938-0391

**Name of Provider or Supplier:** Hidden Acres Health Care Center

**Street Address, City, State, Zip Code:**
- 904 Hidden Acres Dr
- Mount Pleasant, TN 38474

**Summary Statement of Deficiencies:**

**ID** | **Prefix** | **Tag** | **Provider's Plan of Correction**
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F9999 | | | 

**Final Observations:**

Complaint #TN00026618

Based on record review, observations and interviews, it was determined the facility was in compliance with Federal regulations for nursing homes. No deficiencies were cited as a result of this complaint investigation.

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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.