**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:**
**Union City Manor**

**Street Address, City, State, Zip Code:**
1630 E Reelfoot Ave
Union City, TN 38261

**Event ID:** TN6603
**Facility ID:** TN00026450

**Summary Statement of Deficiencies**

- **Intakes:** TN00026450

  A complaint survey was conducted during the annual recertification survey 10/24/10-10/26/10. The facility was found to be in compliance with federal and state regulations for a long term care facility. No deficiencies were cited.

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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.