## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**LIFE CARE CENTER OF COPPER BASIN**

**Address:** 166 Copper Basin Industrial Park PO Box 518, DUCKTOWN, TN 37326

### Summary Statement of Deficiencies

**F 000** INITIAL COMMENTS

During the investigation of complaint # 27923, conducted on May 24, 2011 at Life Care Center of Copper Basin, no deficient practices were cited under 42 CFR PART 482.13, Requirements for Long Term Care.

### Provider's Plan of Correction

**F 000**

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 allowing 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.