**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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</thead>
<tbody>
<tr>
<td>TN7301</td>
<td></td>
<td>C 03/11/2011</td>
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</table>

**NAME OF PROVIDER OR SUPPLIER**

RENAISSANCE TERRACE CARE AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

257 PATTON LANE
HARRIMAN, TN 37748

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 000</td>
<td>Initial Comments</td>
<td>N 000</td>
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<td></td>
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During a complaint investigation at Renaissance Terrace Care and Rehabilitation Center on March 11, 2011, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.

C/O: #24818, #26463, #26639, #26729, #27152, #27415, #27482, #27608, #27690

**SIGNED**

R. Russell

**ADMINISTRATIVE TITLE**

3/3/2011

**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

MAR 29 2011