### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**Provider/Supplier/CLIA Identification Number:** 445428

**Multiple Construction**

- A. Building

**Date Survey Completed:** C 01/29/2013

### Name of Provider or Supplier

**Harbor View Nursing and Rehabilitation Center, Inc**

**Street Address, City, State, Zip Code:**

1513 N 2ND STREET
MEMPHIS, TN 38107

### Summary Statement of Deficiencies

**Event ID:**

**Facility ID:** TN7908

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
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<tbody>
<tr>
<td>F9999</td>
<td>FINAL OBSERVATIONS</td>
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Intakes: TN00030942

No regulatory violation was found as a result of this investigation.

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.