STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445149

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MULTIPLE CONSTRUCTION BUILDING _____________________________

DATE SURVEY COMPLETED 02/12/2009

STATEMENT OF DEFICIENCIES

Intakes: TN00021896, TN00021956

A Complaint Survey was conducted on February 10-12, 2009, during the Annual Certification Survey. No deficiencies were cited related to this complaint. The facility was in substantial compliance with State and Federal regulations.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F9999 FINAL OBSERVATIONS

Intakes: TN00021896, TN00021956

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

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.