### Summary Statement of Deficiencies

Complaint investigations #'s TN00022124, TN00023554, TN00026001, TN00026127, TN00026344, TN00026627 and TN00027268 were conducted in conjunction with the annual recertification survey. This facility was found to be in compliance with state and federal regulations reviewed regarding these complaints. See annual survey report for other deficiencies cited.

### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

---

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.