## Statement of Deficiencies and Plan of Correction

### NAME OF PROVIDER OR SUPPLIER
COVINGTON MANOR INC

### STREET ADDRESS, CITY, STATE, ZIP CODE
1992 HWY 51 S
COVINGTON, TN 38019

### Summary Statement of Deficiencies

#### Event ID: L0FJ11
Facility ID: TN8402

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
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</thead>
<tbody>
<tr>
<td>F9999</td>
<td>F9999</td>
<td>FINAL OBSERVATIONS</td>
<td></td>
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</table>

Intakes: TN00030285

The facility was found to be in compliance, no deficiencies were cited.

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.