STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

445421

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY
COMPLETED

11/16/2010

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF SPARTA

STREET ADDRESS, CITY, STATE, ZIP CODE
506 MOSE DRIVE
SPARTA, TN 38583

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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INITIAL COMMENTS

An annual Recertification survey and complaint
investigation # 25911 were completed at Life
Care Center of Sparta on November 14, 2010,
through November 16, 2010. No deficiencies
were cited under 42 CFR Part 483, Requirements
for Long Term Care.

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

(XX) DATE

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 aredisclosable 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.