**Statement of Deficiencies and Plan of Correction**

**Provider/Supplier/CJA Identification Number:**

TN9505

**Quality Care Health Center**

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

932 Baddour Parkway, Lebanon, TN 37087

**Date Survey Completed:**

05/31/2011

**Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information):**

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002</td>
<td>1200-8-6 No Deficiencies</td>
</tr>
</tbody>
</table>

Based on observations during the annual life safety code survey conducted on 5/31/11, there were no fire safety deficiencies cited.

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**Division of Health Care Facilities**

**Laboratory Director's or Provider/Supplier Representative's Signature:**

**Title:** Administrator

**Date:** 6/14/11

**State Form:** 0691

**Date:** Jun 15, 2011

**If Continuation Sheet:** 1 of 1