Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	TN1005		08/13/2013

NAME OF PROVIDER OR SUPPLIER: PINE RIDGE CARE & REHABILITATION CENTE

STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 SPRUCE LANE ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies During the Life Safety portion of the survey conducted on August 13, 2013, no licensure deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 002	K062 continued Quarterly, semi-annual and annual Reports will be provided by East Tennessee Sprinkler services to Maintenance Director and reported to Performance Improvement Committee. Any areas of concern will be addressed during the PI monthly meeting.	ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Street

TITLE: Administrator

(X6) DATE: 08-27-13

AUG 29 2013