Division of Health Care Facilities

PRINTED: 08/03/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 07/30/2012
NAME OF PROVIDER OR SUPPLIER: SUMMIT VIEW OF LAKE CITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 204 INDUSTRIAL PARK RD LAKE CITY, TN 37769		

(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 000	Initial Comments During a complaint investigation at Summit View of Lake City, LLC on July 30, 2012, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. C/O: #30197	N 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Administrator — (X6) DATE 8/17/12

STATE FORM — TBWF 1.