FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	TN0505		C 09/20/2013

NAME OF PROVIDER OR SUPPLIER: ASBURY PLACE AT MARYVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE: 2648 SEVIERVILLE RD, MARYVILLE, TN 37804

(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 Asbury Place at Maryville on September 20, 2013, no deficiencies were cited under 1200-8-1, Standards for Nursing Homes. C/O: #31229, #31909 #31951, #32012, #32030	N 000		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lisa Brown

TITLE: Administrator

(X6) DATE: 9/30/13