Division of Health Care Facilities

PRINTED: 12/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	TN4703		12/04/2013

NAME OF PROVIDER OR SUPPLIER: SUMMIT VIEW OF FARRAGUT, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 12823 KINGSTON PIKE, KNOXVILLE, TN 37923

(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 A Licensure survey and complaint investigation #32783 and #32745 were completed on December 4, 2013, at Summit View of Farragut. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 002		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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