Division of Health Care Facilities

PRINTED: 11/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN7201	A. BUILDING: 01 - MAIN BUILDING 01 B. WING	11/19/2013

NAME OF PROVIDER OR SUPPLIER: LAURELBROOK SANITARIUM

STREET ADDRESS, CITY, STATE, ZIP CODE: 114 CAMPUS DRIVE, DAYTON, TN 37321

(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 Licensure survey conducted on November 19, 2013, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	N 002		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathy Wells RN

TITLE: Administrator

(X6) DATE: 12/15/13