

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7942	(X2) MULTIPLE CONSTRUCTION A. BUILDING 77 - BAPTIST SNF REHABILIT/ B. WING _____	(X3) DATE SURVEY COMPLETED  10/25/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  BAPTIST REHABILITATION-GERMANTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 EXETER ROAD GERMANTOWN, TN 38138
---	---

(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 initial licensure survey completed on 10/25/10, this facility was found to be in compliance with the Life Safety Code requirements of the Tennessee Department of Health; Board for Licensing Health Care Facilities, Chapter 1200-08-06, Standards for Nursing Homes.	N 002		

Division of Health Care Facilities	TITLE	(X8) DATE
------------------------------------	-------	-----------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE