

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2035674	(X3) Date Survey Completed 02/07/2018
Name of Provider or Supplier Pain Institute Of Nashville Plc	Street Address, City, State 1849 Madison St Suite D & Suite F, Clarksville, TN	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	A revisit survey was conducted on February 7, 2018 for all previous deficiencies cited on November 14, 2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.