Instructor	**Professor Thaddeus Mason Pope**
Course Title	**Health Law: Quality & Liability**
Format	**Take Home Final Exam, Fall 2018**
Total Time	**Twenty-Four (24) hours**
Total Pages	**14 pages**

Reference Materials Allowed

Open Book (all reference materials allowed)

Take-Home Exam Instructions

1. Please know your **correct Fall 2018 exam number** and include this number at the top of each page of your exam answer (for example, in a header).

2. Confirm that you are using and have typed the **correct exam number** on your exam document.

3. You may **download** the exam from the course Canvas site any time after 12:01 a.m. on Wednesday, December 5, 2018 and before 11:59 p.m. on Monday, December 17, 2018.

4. You must **upload** (submit) your exam answer file to the Canvas site within twenty-four (24) hours of downloading the exam.

5. You must **upload** your exam answer file no later than 11:59 p.m. on Monday, December 17, 2018. Therefore, the latest time by which you will want to download the exam is 11:59 p.m. on Sunday, December 16, 2018. Otherwise, you will have less time than the full permitted twenty-four hours.

6. Write your answers to all parts of the exam in a word processor. Save your document as a **single PDF file** before uploading to Canvas.

7. Use your exam number as the **name** for the PDF file that you upload.

Instructions Specific to This Examination

GENERAL INSTRUCTIONS:

1. **Honor Code**: While you are taking this exam, you are subject to the Mitchell Hamline Code of Conduct. You may not discuss it with anyone until after the end of the entire final exam period. It is a violation of the Code to share the exam questions. (There may be an accommodation student taking this exam at a different time.) Shred and delete the exam questions immediately upon completion of the exam. Professor Pope will repost the exam after the end of the final exam period.

2. **Competence**: By downloading and accepting this examination, you certify that can complete the examination. Once you have accepted (downloaded) the examination, you will be held responsible for completing the examination.

3. **Exam Packet**: This exam consists of **fourteen (14) pages**, including these instructions. Please make sure that your exam is complete.

4. **Identification**: Write your exam number on the top of each page of your exam answer.

5. **Anonymity**: Professor Pope will grade the exams anonymously. Do **not** put your name or anything else that may identify you (except for your exam number) on the exam. **Failure to include your correct exam number will result in a 5-point deduction.**

6. **Total Time**: Your completed exam is due within 24 hours of downloading it but in no case later than 11:59 p.m. on Monday, December 17, 2018.

7. **Time Penalty**: If you upload your exam answer file more than 24 hours after downloading the exam, then Professor Pope will lower your exam grade **by one point** for every minute over the 24 hours. If the timestamp on your uploaded exam indicates that you have exceeded the 24-hout limit by more than 20 minutes, then Professor Pope may refer the situation for a Code of Conduct investigation and potential discipline. Please save enough time after editing to upload your exam.

8. **Timing:** Professor Pope has designed this exam for completion in under four hours. That means you should be able to write complete answers to all the questions in four hours. Yet, since this is a take-home exam, you will want to take some extra time (perhaps one-half hour) to outline your answers and consult your course materials. You will also want to take some extra time (perhaps one-half hour) to revise, polish, and proofread your answers, such that you will not be submitting a "first draft."

9. **Scoring**: This final exam comprises 45% of your overall course grade. While the scoring includes 100 points, these points will be weighted.

10. **Open Book**: This is an OPEN book exam. You may use any written materials, including, but not limited to: any required and recommended materials, any handouts from class, PowerPoint slides, class notes, and your own personal or group outlines.

11. **Additional Research**: While you may use any materials that you have collected for this class, you are neither expected **nor are you permitted** to do any online or library research (e.g. on Lexis, Westlaw, Google, reference materials) to answer the exam questions.

12. **Format**: The exam consists of three parts:

Part One 10 multiple choice questions
Worth 2 points each, for a combined total of 20 points
Estimated 25 minutes

Part Two 2 short answer questions
Worth 10 points each, for a combined total of 20 points
Estimated 60 minutes

Part Three 2 essay questions
Worth 30 points each, for a combined total of 60 points
Estimated 150 minutes

That adds up to less than 4 hours. Remember, you have 24 hours to complete this exam. Therefore, you have time to proofread.

13. **Grading**: All exams will receive a raw score from zero to 100. The raw score is meaningful only relative to the raw score of other students in the class. Professor Pope computes your course letter grade by summing the midterm, final, and quiz scores. He will post an explanatory memo and a model answer to Canvas a few weeks after the exam.

SPECIAL INSTRUCTIONS FOR PART ONE

1. **Numbered List of Letters:** In your exam document create a vertical numbered list (1 to 10). Next to each number type the letter corresponding to the best answer choice for that problem. For example:

1. A
2. D
3. B . . .

2. **Ambiguity**: If (and only if) you believe the question is ambiguous, such that there is not one obviously best answer, neatly explain why immediately after your answer choice. Your objection must both (a) Identify the ambiguity or problem in the question and (b) Reveal what your answer would be for all possible resolutions of the ambiguity. I do not expect this to be necessary.

SPECIAL INSTRUCTIONS FOR PARTS TWO AND THREE

1. **Submission**: Create clearly marked separate sections for each problem. You do not need to "complete" the exam in order. Still, structure your exam answer document in this order:

3. **Outlining Your Answer**: I strongly encourage you to use at least one-fourth of the allotted time per question to outline your answers on scrap paper before beginning to write. Do this because you will be graded not only on the substance of your answer but also on its clarity and conciseness. In other words, organization, precision, and brevity count. If you run out of insightful things to say about the issues raised by the exam question, stop writing until you think of something. Tedious repetition, regurgitations of law unrelated to the facts, or rambling about irrelevant issues will negatively affect your grade.

3. **Answer Format**: This is very important. **Use headings and subheadings.** Use short single-idea paragraphs (leaving a blank line between paragraphs). Do not completely fill the page with text. Leave white space between sections and paragraphs.

4. **Answer Content**: Address all relevant issues that arise from and are implicated by the fact pattern and that are responsive to the "call" of the question. Do not just summarize all the facts or all the legal principles relevant to an issue. Instead, apply the law you see relevant to the facts you see relevant. Take the issues that you identify and organize them into a coherent structure. Then, within that structure, examine issues and argue for a conclusion.

5. **Citing Cases**: You are welcome but not required to cite cases. While it is sometimes helpful to the reader and a way to economize on words, do not cite case names as a complete substitute for legal analysis. For example, do not write: "Plaintiff should be able to recover under A v. B." Why? What is the rule in that case? What are the facts in the instant case that satisfy that rule?

6. **Cross-Referencing**: You may reference your own previous analysis (e.g. B's claim against C is identical to A's claim against C, because __." But be very clear and precise what you are referencing. As in contract interpretation, ambiguity is construed against the drafter.

7. **Balanced Argument**: Facts rarely perfectly fit rules of law. So, recognize the key weaknesses in your position and make the argument on the other side.

8. **Additional Facts**: If you think that an exam question fairly raises an issue but cannot be answered without additional facts, state clearly those facts (reasonably implied by, suggested by, or at least consistent with, the fact pattern) that you believe to be necessary to answer the question. Do not invent facts out of whole cloth.

Exam Misconduct

The Code of Conduct prohibits dishonest acts in an examination setting. Unless specifically permitted by the exam or proctor, prohibited conduct includes:

- Discussing the exam with another student
- Giving, receiving, or soliciting aid
- Referencing unauthorized materials
- Reading the questions before the examination starts
- Exceeding the examination time limit
- Ignoring proctor instructions

MULTIPLE CHOICE QUESTIONS

- Below are 10 multiple choice questions.
- Each question is worth 2 points for a total of 20 points.
- Recommended time is 25 minutes.

1. When determining the standard of care that applies in a medical malpractice lawsuit, the jury:

A. Rarely needs the assistance of expert witnesses.
B. Utilizes the considerations of economics and policy to BEST determine the Defendant's duty.
C. Considers, as one source of guidance, professional customs as established by expert witnesses in determining the best rule.
D. Affords near absolute weight to professional customs as established by expert Witnesses, and merely applies the custom to the defendant's conduct.

2. Patient slips and falls on a wet floor in the hospital. To determine if the hospital is negligent, the jury:

A. Probably needs the assistance of expert witnesses
B. Affords near absolute weight to professional customs and applies the custom to the defendant's conduct.
C. May consider, but need not follow, custom evidence on how hospitals wash and dry floors.
D. Needs to hear testimony from the appropriate kind of expert witness.

3. **After reviewing DNA results from Ancestry.com, Daughter discovered something terrible about the fertility specialist physician that her parents used to conceive her. He used his own sperm instead of the sperm of her mother's husband (i.e. the man she thought was her biological father). Daughter's best cause of action is:**

A. Informed consent
B. Medical malpractice (because the standard of care is to use the sperm provided by the patient)
C. Medical malpractice (because the standard of care is to not become personally biologically involved with a patient)
D. None of these causes of action are viable.

4. **In the previous question, one cause of action that might [also] work is intentional infliction of emotional distress. Assuming the daughter is now an adult, what is the most likely bar to this lawsuit?**

A. Statute of repose
B. Statute of limitations
C. Assumption of risk
D. Comparative negligence

5. Look at Exhibit A to this exam. The action being taken against Vanderbilt Hospital here is best described as one concerning:

A. Licensing
B. Accreditation
C. Certification
D. Credentialing

6. The underlying facts that prompted the action in Exhibit A are that Nurse administered the wrong drug. Patient was supposed to get a full body scan. But Patient was claustrophobic. So, Physician prescribed Versed, which is a standard anti-anxiety medication. Nurse intended to give Versed but instead injected another drug that started with "Ver": Vecuronium, a powerful drug used to keep patients still during surgery. The patient suffered cardiac arrest and died. Based on these facts alone, the most likely theory of liability against Vanderbilt Hospital is:

A. Vicarious liability
B. Direct liability for negligent credentialing
C. Direct liability for negligent policies and procedures
D. Direct liability for negligent training

7. If the nurse that administered the wrong medication had previously made other deadly errors while working at Vanderbilt, while other nurses did not, then the most likely theory of liability against Vanderbilt Hospital is:

A. Vicarious liability
B. Direct liability for negligent credentialing
C. Direct liability for negligent policies and procedures
D. Direct liability for negligent training

8. Clinician decides to discontinue care of a patient who has not paid her bill. The clinician informs the patient that no further appointments will be made and the patient should immediately find a different clinician to take over treatment of her medical problems. No provision is made for urgent treatment over a reasonable time period, typically of several weeks, needed by the patient to find a new clinician. During this time period, the patient develops a symptom that would indicate to a clinician that urgent care is needed, but the clinician's office refuses to take the patient's calls. The patient is injured. Clinician is most likely liable for:

A. Informed consent
B. Abandonment
C. Medical malpractice
D. None of these because the patient was injured after the termination of the treatment relationship (outside the scope of a treatment relationship).

9. Bill Paxton is an actor who has appeared in *Titanic, Apollo 13, Twister* and *Big Love*. Last year, he had surgery to repair an aortic aneurysm. Paxton died after surgery. His family sued, alleging that the surgeon did not perform the procedure as agreed but instead performed the procedure as a minimally invasive surgery, an approach that was novel, unconventional, and not the standard of care. The strongest cause of action is:

A. Informed consent
B. Breach of contract
C. Battery
D. Abandonment

10. **Patient had colon surgery and developed complications. To identify the source of the complications, Surgeon ordered a CT scan, which was performed at the hospital and read by a private radiologist whose practice group was under contract with Hospital. Radiologist reported that the scan showed a mechanical bowel obstruction. In fact, the bowel had been perforated. Patient died from lack of appropriate treatment.**

The radiology department operated in conjunction with the rest of Hospital. The scan was done on Hospital premises with Hospital supporting personnel and equipment. Patient did not select the radiologist who read the scans, but instead relied on Hospital to provide a radiologist. Patient never met or spoke with the radiologist. Hospital employees transported the patient to and from the scan and performed the scan. Hospital maintained the CT scan and the scan report showed Hospital's name and contact information, with no mention of the radiologist.

The most likely successful theory of liability against Hospital is:

A. Respondeat superior
B. Nondelegable duty doctrine
C. Ostensible agency
D. Direct liability

Short Answer Question 1

- This question is worth 10 points
- Limit your response to 500 words. This is only a limit, not a target or suggested length.
- Recommended time is 30 minutes.

Plaintiff was diagnosed with prostate cancer. To avoid having surgery to remove his prostate, Plaintiff went to Dr. Peaches to discuss Cyber-Knife treatment. Plaintiff was given a pamphlet describing the treatment as having "extreme accuracy" that would "spare surrounding healthy tissue." Plaintiff underwent six Cyber-Knife treatments in November 2015 with defendant Dr. Peaches. During two, he experienced pain in his penis and a burning sensation in his lower abdomen.

In August 2016, plaintiff consulted with Dr. Milo about blood from his rectum. He was referred to a gastroenterologist in September 2016, and in October had a procedure to cauterize damage that Plaintiff told that physician was caused by the Cyber-Knife treatment. At a January 2017 appointment with Dr. Peaches, plaintiff complained about several problems he was experiencing, including the damage that had to be cauterized. Dr. Peaches told Plaintiff that this was a common problem associated with Cyber-Knife.

After several months of Plaintiff's blood levels fluctuating, Dr. Milo referred him to a urologist. A scan was done in July 2017, which could not be read due to scar tissue. After this, Plaintiff sent Dr. Peaches an email cancelling an upcoming appointment and stating that he was trying to figure out how to go forward, since Cyber-Knife is no longer an option and removing what is left of my prostate is not an option." In October 2017, Plaintiff confirmed with two separate urologists that he still had prostate cancer. Plaintiff subsequently had radical surgery.

Plaintiff filed a medical malpractice complaint against Dr. Peaches on October 16, 2018. Plaintiff alleged that Dr. Peaches failed to disclose that Cyber-Knife posed a risk of radiation damage to adjacent tissue and organs. Plaintiff further alleges that Dr. peaches mispresented the safety of Cyber-Knife. This jurisdiction has a one-year statute of limitations and a two-year statute of repose.

Explain whether and why Plaintiff's claim is time barred.

Short Answer Question 2

- This question is worth 10 points
- Limit your response to 500 words. This is only a limit, not a target or suggested length.
- Recommended time is 30 minutes.

On October 22, 2018, 15-year-old Miguel Machado ate a fast food hamburger. That evening, he fell face-unconscious. His Guatemalan family thought it was the hamburger that made him sick. They tried to explain to the emergency room doctor at Edina Hospital that he was "intoxicado", which in Guatemalan Spanish means "ill due to something one ate."

Miguel's teenage girlfriend mentioned that they had been arguing, which caused the ER doctor to piece together a story that was completely wrong. The ER doctor thought Miguel was intoxicated that he had taken an intentional drug overdose because he was upset about the fight with his girlfriend. No qualified interpreter was called because the parties believed they were communicating adequately. Because the ED staff screened Miguel based on drug diagnosis, they misdiagnosed a brain aneurysm as a drug overdose. Consequently, the aneurysm went untreated and Miguel died.

In a subsequent lawsuit, the plaintiff's expert witness testified:

Conducting the communications without a professional medical interpreter failed to meet the standards of care applicable for the physician and the facility. The effect is that he did not receive the care she should have. The parents were not able to adequately understand and address his medical needs. In my opinion, the failure of the doctor and the facility to provide a professional medical interpreter was a substantial factor in causing [patient]'s death. The reasons for not using family members, friends and particularly minor children as interpreters are widely recognized.

Rank in order of likelihood (not severity) the legal risks facing Edina Hospital. Provide a brief description of each legal claim or penalty. This need NOT be a complete element by element analysis of the claim or penalty. For example:

1. **Battery. Edina Hospital is probably liable for a batter because…**
2. **Abandonment: Edina is probably liable for abandonment because …**

Essay Question 1

- This question is worth 30 points
- Limit your response to 1500 words. This is only a limit, not a target or suggested length.
- Recommended time is 75 minutes.

A very large Patient (>500 pounds) arrives at Milo Minnesota Metropolitan Medical Center (MMMMC) emergency department, complaining of sharp back pain, a fever, elevated pulse and blood pressure, chills, and loss of appetite. Because of the complaint of back pain, among other reasons, the ED physician wanted to get an MRI of Patient's back. But the physician instead sent Patient home both because he realized that Patient was "too large" to fit inside the hospital's MRI machine, and because he had not yet found any emergency medical condition.

Patient was admitted to another hospital five days later. After undergoing an MRI scan of his lower spine there, Patient was diagnosed with a low thoracic epidural abscess and underwent emergency surgery. Apparently, unlike MMMMC, other hospitals have diagnostic equipment that can fit especially large patients or at least have contractual relationships with facilities with those MRIs. Patient now has permanent paraplegia.

During a pre-suit medication proceeding, experts opined that had the diagnosis been made at the initial visit (5 days earlier), then the paralysis probably (though not necessarily) could have been avoided. These experts made no other opinions.

Patient has filed a lawsuit against MMMMC. But Patient has missed the deadline for identifying expert witnesses. You are patient's new counsel. Identify and assess Patient's viable claims against MMMMC.

Essay Question 2

- This question is worth 30 points
- Limit your response to 1500 words. This is only a limit, not a target or suggested length.
- Recommended time is 75 minutes.

The following *pro se* Complaint was recently filed in Minnesota state court. You represent CIGNA and have been asked to prepare an initial assessment of CIGNA's liability exposure in this matter.

1. Plaintiff Hilary Smith is 47 years old. She suffers from pancreatic cancer. She was diagnosed in or about August 2017.

2. At that time, she had a health maintenance organization (HMO) health plan provided by defendant CIGNA.

3. Plaintiff obtained her CIGNA heath plan through her employer, Saint Anne Catholic Academy. Plaintiff is a 3rd grade teacher at the Academy where she earned $75,000 per year.

4. Saint Anne Catholic Academy may or may not be part of the Saint Anne Catholic Church. There was a warehouse fire and the relevant corporate documents are not available. Plaintiff will seek leave to amend this complaint to show said true names and capacities when the same have been ascertained.

5. In or about September of 2017, Plaintiff had surgery to remove five cancerous tumors. Immediately after the surgery, Hilary's oncologist then prescribed chemotherapy to begin as soon as possible.

6. The chemotherapy was medically necessary to halt any future tumors from growing to replace the ones removed or at the very least slow down any tumor growth. Time was of the essence as any delay would allow aggressive tumor growth.

7. Despite CIGNA's legal and contractual obligation to provide coverage for medically necessary services and treatments, when Hilary and her doctors sought coverage for chemotherapy, CIGNA denied numerous requests from September 2017 through February 2018, asserting each time that the treatment was not "medically necessary" as required under the plan language.

8. Because the costs for chemotherapy was around $33,000 for an eight-week period, Plaintiff could not afford to pay out-of-pocket.

9. In or about March 2018, Hilary switched to a Preferred Provider Organization health plan that CIGNA offered. When Hilary's provider submitted a request for chemotherapy to the new CIGNA health plan, it was approved as medically necessary.

10. Unfortunately, the five-month delay (September 2017 to March 2018) allowed new cancerous tumors to rapidly grow and caused severe physical injury. Had it not been for CIGNA's denials and delays, the tumor would not have grown back as quickly or to its now current size.

11. While pancreatic cancer survival rates have been improving from decade to decade, the disease is still considered largely incurable. According to the American Cancer Society, for all stages of pancreatic cancer combined, the one-year relative survival rate is 20%, and the five-year rate is 7%. The five-month delay caused by CIGNA lowered these numbers even further.

12. CIGNA has breached its legal duties to Plaintiff, and Plaintiff is entitled to money damages for the injuries resulting from this breach.

CIGNA has learned that Plaintiff is now represented by counsel. While Plaintiff will now likely file a First Amended Complaint with more factual allegations, the risk assessment department at CIGNA immediately wants a preliminary analysis of (a) the specific legal claims that Plaintiff can assert, (b) the likely success of those claims, and (c) the scope of monetary exposure.

END OF EXAM

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

IMPORTANT NOTICE – PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL to chad.fitzgerald@vumc.org
(Receipt of this notice is presumed to be November 16, 2018 – date notice e-mailed)

November 16, 2018

Chad Fitzgerald, JD
Regulatory Officer, VUMC
Sr. Director, Quality, Safety and Risk Prevention
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, Tennessee 37232

Re: CMS Certification Number (CCN): 44-0039

Dear Mr. Fitzgerald:

Section 1864 of the Social Security Act authorizes the Secretary of Health and Human Services to conduct complaint surveys of hospitals deemed, by an accrediting organization, to meet the Medicare Conditions of Participation (COP) if there are "substantial allegations" indicating serious deficiencies that could potentially affect the health and safety of patients. A complaint survey was completed at Vanderbilt University Medical Center on November 8, 2018. The survey identified an immediate and serious threat to patient health and safety. As a result, effective November 8, 2018, your deemed status by Joint Commission is removed and survey jurisdiction has been transferred to the Tennessee State Survey Agency. A copy of the deficiencies cited during this survey is enclosed. Specifically, the facility does not meet the following COP:

42 CFR 482.13 Patient Rights
42 CFR 482.23 Nursing Services

When a hospital is found to be out of compliance with one or more COP, and immediate and serious threat to patient health and safety exists, a determination must be made that the facility no longer meets the requirements for participation as a provider of services in the Medicare program. Such a determination has been made in the case of Vanderbilt University Medical Center, and accordingly, the Medicare provider agreement between Vanderbilt University Medical Center and the Secretary of the Department of Health and Human Services is being terminated effective **December 9, 2018**, if the immediate jeopardy is not removed by this date.

The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted on or after **December 9, 2018**. For patients admitted prior to **December 9, 2018**, payment may continue to be made for a maximum of 30 days for inpatient hospital services furnished on or after **December 9, 2018**.

Termination can only be averted by correction of these deficiencies by **December 9, 2018**. If you believe that compliance has been achieved, you should notify CMS and the Tennessee State Survey Agency in writing on or before **November 26, 2018,** describing in detail the specific corrective measures taken to resolve the deficiencies. **An acceptable plan of correction must contain the following elements:**

1) The plan of correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;
2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
3) The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
4) The title of the person responsible for implementing the acceptable plan of correction.

If your plan of correction is accepted, the Tennessee State Survey Agency will conduct a resurvey to determine if the conditions which constituted immediate jeopardy have been removed. Please be advised, however, that failure to remove the immediate jeopardy will result in your hospital's termination under Medicare, effective **December 9, 2018**. If the Centers for Medicare & Medicaid Services determine that the reasons for termination remain, the effective date of the termination remains **December 9, 2018**. If corrections have been made, the termination procedures will be halted, and you will be notified in writing.

Appeal Rights

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. A copy of the hearing request shall be submitted electronically to **Region4_DAB_HearingRequest@cms.hhs.gov**.

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense.

If there are any questions, please contact Jackie Whitlock at (404) 562-7437 or by email at jacqueline.whitlock@cms.hhs.gov.

Sincerely,

Linda D. Smith
Associate Regional Administrator
Division of Survey & Certification

Enclosure: CMS 2567, Statement of Deficiencies

cc: Tennessee State Survey Agency
Joint Commission