### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:**
445260

**Multiple Construction**

A. Building: 

B. WING: 

**Date Survey Completed:**
11/22/2013

**Name of Provider or Supplier:**
Briarcliff Health Care Center

**Street Address, City, State, Zip Code:**
100 Elmhurst Dr.
Oak Ridge, TN 37830

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information)</th>
<th>Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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Intakes: TN00032823

Complaint investigation #32823 was completed at Briarcliff Health Care Center on November 22, 2013. No deficiencies were cited under 42 CFR Part 482, Requirements for Long Term Care Facilities.