**NAME OF PROVIDER OR SUPPLIER**

**BRAKEBILL NURSING HOME INC.**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

5837 LYONS VIEW PIKE

KNOXVILLE, TN 37919

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:**

445114

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**SUMMARY STATEMENT OF DEFICIENCIES**

**ID**

**PREFIX**

**TAG**

**F 000 INITIAL COMMENTS**

During a complaint investigation at Brakebill Nursing Home, Inc. on February 1, 2010, no deficiencies were cited under 42CFR Part 483, Requirements for Long Term Care.

C/O: #24942

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclaimable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclaimable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.