**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:**

BRISTOL NURSING HOME

**Street Address, City, State, Zip Code:**

261 NORTH STREET
BRISTOL, TN 37625

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**Summary Statement of Deficiencies**

- **ID Tag:** N 000

  During investigation of C/O #25577, conducted on July 20, 2010, at Bristol Nursing Home, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.

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**Administrative Title:**

Mary Robinson

**Date:**

8-5-10

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Division of Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(669) 668-711