Division of Health Care Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

TN8201

(2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(3) DATE SURVEY
COMPLETED
C

05/15/2012

NAME OF PROVIDER OR SUPPLIER

BRISTOL NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

261 NORTH STREET
BRISTOL, TN 37625

(4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

N 002

1200-8-6 No Deficiencies

This Rule is not met as evidenced by:
Complaint #29722 investigation was conducted
on May 16, 2012, at Bristol Nursing Home. No
deficiencies were cited under Chapter 1200-8-6,
Standards for Nursing Homes.

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

N 002

(5) COMPLETE
DATE

(6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0890

GRPC11

If continuation sheet 1 of 1