### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier
BROOKHAVEN MANOR

#### Address
2035 STONEBROOK PLACE
KINGSPORT, TN 37660

#### TN# 8203

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>Summary Statement of Deficiencies</th>
<th>ID TAG</th>
<th>Provider's Plan of Correction</th>
<th>Complete Date</th>
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<tr>
<td>N 000</td>
<td>Initial Comments</td>
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**Initial Comments**

During investigation of C/O #32558 and #32707 conducted November 13-18, 2103, no deficiencies were cited under Chapter 1200-8-6 Standards for Nursing Homes.