## Statement of Deficiencies and Plan of Correction

### (X1) Provider/Supplier/CLIA Identification Number:

445357

### (X2) Multiple Construction

<table>
<thead>
<tr>
<th>A. Building</th>
<th>B. Wing</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### (X3) Date Survey Completed

C 05/10/2011

### Name of Provider or Supplier

Oak Manor Health Care Center

### Street Address, City, State, Zip Code

150 Oak Manor Road
MC Kenzie, TN 38201

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>FINAL OBSERVATIONS</td>
<td></td>
</tr>
</tbody>
</table>

Intakes: TN00027456, TN00027524

This institution complies with all requirements for participation for long term care facilities investigated in this complaint survey.

### Provider’s Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

### Laboratory Director’s or Provider/Supplier Representative’s Signature

<table>
<thead>
<tr>
<th>Title</th>
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</thead>
</table>

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 disclosable 90 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 disclosable 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.