## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**Crestview Health Care Center of Brownsville, Inc**

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

704 Dupree St

Brownsville, TN 38012

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
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</thead>
<tbody>
<tr>
<td>F9999</td>
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**Intakes:** TN00027103, TN00028192

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