## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:
445442

### Date Survey Completed:
06/07/2013

### 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

**K9999 Final Observations**

Intakes: TN00031833

During the investigation survey conducted on 6/7/13 this facility was found to be in compliance with the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code 2000 Edition, Chapter 19, Existing Health Care Occupancies.

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

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*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.*