# Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

<table>
<thead>
<tr>
<th>A. BUILDING</th>
<th>B. WING</th>
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**Multiple Construction**

- **Date Survey Completed:**
  - C
  - 04/17/2012

**Name of Provider or Supplier:**

**Lexington Manor**

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

727 East Church Street

Lexington, TN 38351

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>Provider's Plan of Correction</th>
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<tr>
<td>F9999</td>
<td></td>
<td><strong>Full Regulatory or LSC Identifying Information</strong></td>
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**Final Observations:**

Complaint investigation # TN00029581 was conducted 4/17/12, and this facility was found to be in compliance with state and federal regulations reviewed this date.

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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.