### Statement of Deficiencies and Plan of Correction

**State**

**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier**

LEXINGTON MANOR

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

727 EAST CHURCH STREET

LEXINGTON, TN 38351

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**ID Prefix Tag**

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
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<tbody>
<tr>
<td>F9999 FINAL OBSERVATIONS</td>
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Intakes: TN00027618

TN 00027618

The facility was found to be in compliance, no deficiencies were cited.

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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.