**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>445456</td>
<td>A. BUILDING 01 - MAIN BUILDING 01</td>
</tr>
<tr>
<td></td>
<td>B. WING _______________________</td>
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<tr>
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<td>10/31/2011</td>
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</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

FOUR OAKS HEALTH CARE CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

1101 PERSIMMON RIDGE RD
JONESBOROUGH, TN 37759

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**K 000 INITIAL COMMENTS**

There were no life safety code deficiencies noted on the day of the annual recertification survey.

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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

[Signature]

**TITLE**

[Title]

**DATE**

[Date]

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.