### Statement of Deficiencies and Plan of Correction

**VAN AYER MANOR**

**Street Address, City, State, Zip Code**
640 HANNINGS LANE
MARTIN, TN 38237

**Name of Provider or Supplier**

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>FINAL OBSERVATIONS</td>
<td>Complaint investigations #'s TN00025033 and TN00025443 were conducted 4/09/10, and this facility was found to be in compliance with state and federal regulations reviewed on this date.</td>
<td></td>
</tr>
</tbody>
</table>

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.

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**Form CMS-2567(02-99) Previous Versions Obsolete**

**Event ID:** 07Z211

**Facility ID:** TN0204

**If continuation sheet Page:** 1 of 1