### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:** TN3701

**Multiple Construction Identification Number:**
- A. Building
- B. Wing

**Date Survey Completed:** 07/11/2012

### Name of Provider or Supplier

**Church Hill Care & Rehab Ctr**

**Street Address, City, State, Zip Code:**
- 701 West Main Blvd
- Church Hill, TN 37642

### Summary Statement of Deficiencies

**N 000 - Initial Comments**

- During complaint investigation #30071, conducted on July 11, 2012, at Church Hill Care and Rehab Ctr., no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.