DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
05/22/2013

NAME OF PROVIDER OR SUPPLIER
APPALACHIAN CHRISTIAN VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

<table>
<thead>
<tr>
<th>(X4) ID PREFIX</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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</thead>
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| N 000 Initial Comments
An annual Recertification survey and complaint investigation #31379 were completed at Appalachian Christian Village on May 20 – 22, 2013. No deficiencies were cited related to complaint investigation #31379 under Chapter 1200-8-06, Standards for Nursing Homes. | N 000 | | | |

Division of Health Care Facilities

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

STATE FORM VOME11

TITLE

(X6) DATE