### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Christian Care Center of Cheatham County, Inc  
**Street Address, City, State, Zip Code:** 2501 River Road, Ashland City, TN 37015

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</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><strong>FINAL OBSERVATIONS</strong></td>
<td>F9999</td>
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<td>Intakes: TN00023835</td>
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<td>UIRS Complaint Investigation TN00023835</td>
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<td>UIRS Complaint Investigation TN00023835 was conducted 1/5/10 through 1/7/10 during the annual survey and this facility was found to be in compliance with state and federal regulations.</td>
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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.