STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>445233</td>
<td>A. BUILDING 01 - BUILDING 0101</td>
<td>04/04/2012</td>
</tr>
</tbody>
</table>

NAME OF PROVIDER OR SUPPLIER

WHITEHAVEN COMMUNITY LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

1076 CHAMBLISS ROAD
MEMPHIS, TN 38116

(D4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE

K9999 FINAL OBSERVATIONS K9999

Intakes: TN00029543

DURING THE INVESTIGATION SURVEY CONDUCTED ON 4/4/12, THIS FACILITY WAS FOUND TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 101, LIFE SAFETY CODE 2000 EDITION, CHAPTER 19, EXISTING HEALTH CARE OCCUPANCIES.

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

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.