**DIVISION OF HEALTH CARE FACILITIES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:**

TN9003

**MULTIPLE CONSTRUCTION**

A. BUILDING 01 - MAIN BUILDING 01
B. WING

**DATE SURVEY COMPLETED**

01/10/2011

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**NAME OF PROVIDER OR SUPPLIER**

ASBURY PLACE AT JOHNSON CITY

**STREET ADDRESS, CITY, STATE, ZIP CODE**

105 WEST MYRTLE AVENUE
JOHNSON CITY, TN 37604

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<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 002 1200-8-6 No Deficiencies</td>
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<td>N 002</td>
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</tbody>
</table>

During the Life Safety portion of the survey conducted on January 18, 2011, no licensure deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.

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**STATE FORM**

6098

**W4Y21**

**TITLE**

Administrator

**DATE**

01/28/2011