

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA /  
Identification Number  
TN1702

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
4/30/2015

Name of Facility

ALAMO NURSING AND REHABILITATION CENTER

Street Address, City, State, Zip Code

580 W MAIN STREET  
ALAMO, TN 38001

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix N0645 Reg. # 1200-8-6-.06(3)(k) LSC	Correction Completed 04/10/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By  
State Agency  
Reviewed By  
CMS RO

✓ Reviewed By  
*JP*  
Reviewed By

Date:  
4/30/15  
Date:

Signature of Surveyor:  
*JP PAULZ*  
Signature of Surveyor:

Date:  
4/30/15  
Date:

Followup to Survey Completed on:  
4/8/2015

Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO