

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
445467

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
1/24/2012

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 qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (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 F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 12/16/2011	ID Prefix F0283 Reg. # 483.20(l)(1)&(2) LSC	Correction Completed 12/16/2011	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 12/22/2011
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 12/16/2011	ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 12/22/2011	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	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: 1/26/12  
Date:

Signature of Surveyor:  
*J P P A N L*  
Signature of Surveyor:

Date: 1/24/12  
Date:

Followup to Survey Completed on:  
12/14/2011

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