

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN2801

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/26/2014

Name of Facility

ARDMORE HEALTH AND REHABILITATION CENTER

Street Address, City, State, Zip Code

25385 MAIN STREET
ARDMORE, TN 38449

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 11/24/2014	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency
Reviewed By CMS RO

Reviewed By *JP*
Reviewed By

Date: 11/26/14
Date:

Signature of Surveyor: *JP PITT*
Signature of Surveyor:

Date: 11/26/14
Date:

Followup to Survey Completed on:
11/6/2014

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