

State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing **01 - MAIN BUILDING 01**

(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 N0831 Reg. # 1200-8-6-.08 (1) 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
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

Reviewed By
State Agency
Reviewed By
CMS RO

✓ Reviewed By
JP
Reviewed By

Followup to Survey Completed on:
11/5/2014

Date:
11/26/14
Date:

Signature of Surveyor:
JP PINE
Signature of Surveyor:

Date:
11/26/14
Date:

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