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
8/31/2011

Name of Facility
ARDMORE ON MAIN CARE 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 N0832 Reg. # 1200-8-6-.08(2) LSC	Correction Completed 08/24/2011	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 | Date: 9-1-11 | Signature of Surveyor: | Date: 8/31/11

Followup to Survey Completed on: 8/8/2011

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