

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number TN2801	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/29/2009
---	--	-----------------------------------

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 <u>N0629</u>	Correction Completed <u>05/29/2009</u>	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # <u>1200-8-6-.06(3)(b)8.</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By <input checked="" type="checkbox"/>	Reviewed By <u>    </u>	Date: <u>5/29/09</u>	Signature of Surveyor: <u>J. Pridemore</u>	Date: <u>5/29/09</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>5/14/2009</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		