

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN6007

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

(Y3) Date of Revisit
11/17/2014

Name of Facility

ASHTON PLACE HEALTH & REHAB CENTER

Street Address, City, State, Zip Code

3030 WALNUT GROVE RD
MEMPHIS, TN 38111

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 N1409 Reg. # 1200-8-6-.14(2)(a)5.(i) LSC	Correction Completed 11/15/2014	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
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Reviewed By



Reviewed By

SP

State Agency

Reviewed By

Reviewed By

CMS RO

Followup to Survey Completed on:

10/14/2014

Date:

11/17/14

Date:

Signature of Surveyor:

JP PHNUZ

Signature of Surveyor:

Date:

11/17/14

Date:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO