

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number: 445485
 (Y2) Multiple Construction: A. Building 01 - MAIN BUILDING 01, B. Wing
 (Y3) Date of Revisit: 8/19/2009

Name of Facility: ALLENBROOKE NURSING AND REHABILITATION CENTER
 Street Address, City, State, Zip Code: 3933 ALLENBROOKE COVE MEMPHIS, TN 38118

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (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	Correction Completed 08/19/2009	ID Prefix	Correction Completed 08/19/2009	ID Prefix	Correction Completed 08/19/2009
Reg. # NFPA 101 LSC K0045		Reg. # NFPA 101 LSC K0050		Reg. # NFPA 101 LSC K0051	
ID Prefix	Correction Completed 08/19/2009	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101 LSC K0076		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By: [Signature] State Agency: [Signature] Date: 8/19/09
 Signature of Surveyor: JP PHNLL Date: 8/19/09

Followup to Survey Completed on: 7/20/2009
 Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO