

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number  
TN7901

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
1/30/2012

Name of Facility

ALLEN MORGAN HEALTH AND REHABILITATION CENTER

Street Address, City, State, Zip Code

177 NORTH HIGHLAND  
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 N0629 Reg. # 1200-8-6-.06(3)(b)8. LSC	Correction Completed 01/28/2012	ID Prefix N0728 Reg. # 1200-8-6-.06(6)(b) LSC	Correction Completed 01/28/2012	ID Prefix N0767 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 01/28/2012
ID Prefix N0769 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 01/28/2012	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

Date: 1/30/12  
Date:

Signature of Surveyor: *JP PHANUZ*  
Signature of Surveyor:

Date: 1/30/12  
Date:

Followup to Survey Completed on:  
12/28/2011

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