State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/7/2009

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix N0728 Reg. # 1200-8-6-.06(6)(b) LSC	07/07/2009	ID Prefix N0767 Reg. # 1200-8-6-.06(9)(i) LSC	07/07/2009	ID Prefix N0769 Reg. # 1200-8-6-.06(9)(i) LSC	07/07/2009
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
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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 JP Date: 7/7/09 Signature of Surveyor: Jan Priddy Date: 7/7/09

viewed By CMS RO Reviewed By Date: Signature of Surveyor: Date:

Followup to Survey Completed on: 6/17/2009

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