

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number TN7934	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/26/2015
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Name of Facility APPLINGWOOD HEALTH CARE CENTER	Street Address, City, State, Zip Code 1536 APPLING CARE LANE CORDOVA, TN 38018
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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 08/16/2015	ID Prefix N0645 Reg. # 1200-8-6-.06(3)(k) LSC	Correction Completed 08/16/2015	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 <input checked="" type="checkbox"/>	Reviewed By <i>JP</i>	Date: <i>8/26/15</i>	Signature of Surveyor: <i>Sherry Trinidad</i>	Date: <i>8/26/15</i>
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 7/16/2015	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		