

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number  
TN7934

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
4/3/2013

Name of Facility

APPLINGWOOD HEALTH CARE CENTER

Street Address, City, State, Zip Code

1536 APPLING CARE LANE  
CORDOVA, TN 38018

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 N0727 Reg. # 1200-8-6-.06(6)(b) LSC	Correction Completed 03/15/2013	ID Prefix N0767 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 03/15/2013	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	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:  
4/4/13  
Date:

Signature of Surveyor:  
*JP PHNU*  
Signature of Surveyor:

Date:  
4/3/13  
Date:

Followup to Survey Completed on:  
2/28/2013

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