

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: 445411
 (Y2) Multiple Construction: A. Building 01 - MAIN BUILDING 01, 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 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 Reg. # NFPA 101 LSC K0018	Correction Completed 03/15/2013	ID Prefix Reg. # NFPA 101 LSC K0052	Correction Completed 04/03/2013	ID Prefix Reg. # NFPA 101 LSC K0072	Correction Completed 02/26/2013
ID Prefix Reg. # NFPA 101 LSC K0104	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
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Reviewed By: [checkmark] State Agency
 Reviewed By: [signature] State Agency
 Reviewed By: [signature] CMS RO
 Date: 4/4/13
 Signature of Surveyor: [signature]
 Date: 4/3/13
 Signature of Surveyor: [signature]
 Followup to Survey Completed on: 2/26/2013
 Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO