

State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/30/2014

Name of Facility

APPLINGWOOD HEALTH CARE CENTER

Street Address, City, State, Zip Code

1536 APPLING CARE LANE
CORDOVA, TN 38018

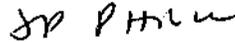
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code 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 N0629 Reg. # 1200-8-6-.06(3)(b)8. LSC	Correction Completed 06/18/2014	ID Prefix N0727 Reg. # 1200-8-6-.06(6)(b) LSC	Correction Completed 06/18/2014	ID Prefix	Correction Completed
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed

Reviewed By 
State Agency
Reviewed By
CMS RO

Reviewed By 
Reviewed By

Date: 8/4/14
Date:

Signature of Surveyor: 
Signature of Surveyor:

Date: 7/30/14
Date:

Followup to Survey Completed on:
5/15/2014

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