

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN7940

(Y2) Multiple Construction
A. Building 02 - ALLENBROOKE NURSING & REHAB C
B. Wing

(Y3) Date of Revisit
5/3/2013

Name of Facility

ALLENBROOKE NURSING AND REHABILITATION CENTER

Street Address, City, State, Zip Code

3933 ALLENBROOKE COVE
MEMPHIS, TN 38118

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 N0831 Reg. # 1200-8-6-.08 (1) LSC	Correction Completed 05/03/2013	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
State Agency
Reviewed By
CMS RO

Reviewed By *SP*
Reviewed By

Date: 5/31/13
Date:

Signature of Surveyor: *JP PHWC 2*
Signature of Surveyor:

Date: 5/3/13
Date:

Followup to Survey Completed on:
4/8/2013

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