State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN7916

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/5/2012

Name of Facility
AMERICARE HEALTH AND REHABILITATION CENTER

Street Address, City, State, Zip Code
3391 OLD GETWELL RD
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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix N0416 Reg. # 1200-8-6-.04(11)(a) LSC	09/01/2012	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By JP	Date: 9/5/12	Signature of Surveyor: JP PHN	Date: 9/5/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
8/14/2012

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