**Department of Health and Human Services**  
**Centers for Medicare & Medicaid Services**  

**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 26804, Baltimore, MD 21212, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
445210

(Y2) Multiple Construction  
A. Building 01 - MAIN BUILDING 01  
B. Wing

(Y3) Date of Revisit  
12/31/2012

**Name of Facility**  
HUNTINGDON HEALTH & REHAB CENTER

Street Address, City, State, Zip Code  
635 HIGH STREET  
HUNTINGDON, TN 38344

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-2557, 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-2557 (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 12/31/2012</td>
<td>ID Prefix</td>
<td>Correction Completed 12/31/2012</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0104</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0130</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed By  
State Agency  
Reviewed By  
CMS RO  
Follow up to Survey Completed on: 12/3/2012  

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? YES NO

Form CMS - 2557B (9-92)  
Page 1 of 1  
Event ID: S71K22