State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN0902

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
2/26/2014

Name of Facility
LIFE CARE CENTER OF BRUCETON-HOLLOW ROCK

Street Address, City, State, Zip Code
105 ROWLAND
BRUCETON, TN 38317

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).

<table>
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<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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<td>1200-8-6-.06(6)(b)</td>
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Reviewed By: Reviewed By
State Agency
Reviewed By
CMS RO

Followup to Survey Completed on: 2/5/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) Sent to the Facility? YES NO

Date: 2/1/14
Signature of Surveyor:
Date: 2/1/14
Signature of Surveyor:

Event ID: 7JT912