**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 266114, Baltimore, MD 21264; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number

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

(Y3) Date of Revisit
5/2/2013

Name of Facility
MCKENZIE HEALTH CARE CENTER

Street Address, City, State, Zip Code
175 HOSPITAL DRIVE
MC KENZIE, TN 38201

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-2567 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-2567 (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
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<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
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<td>Correction Completed 05/01/2013</td>
<td>Reg. # NFPA 101 LSC K0147</td>
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</tbody>
</table>

Reviewed By
- State Agency
- Reviewed By CMS RO

Follow-up to Survey Completed on: 4/15/2013

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

Signature of Surveyor: Date: 5/2/2013

Date: 5/2/2013

Form CMS - 2567B (9-92)