**Post-Certification Revisit Report**

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

**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 the needed data, 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 252044, Baltimore, MD 21202 and to the OMB, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.**

(Y1) Provider / Supplier / CLIA / Identification Number  
445409

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
4/19/2011

**Name of Facility**  
CRESTVIEW HEALTH AND REHABILITATION

Street Address, City, State, Zip Code  
2030 25TH AVE N  
NASHVILLE, TN 37208

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 in the last of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y6) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
</table>
| ID Prefix F0221  
Reg. # 483.13(a)  
LSC  
Correction  
Completed 03/24/2011 | ID Prefix F0280  
Reg. # 483.20(d)(3), 483.310(k)(2)  
LSC  
Correction  
Completed 03/24/2011 | ID Prefix F0262  
Reg. # 483.20(k)(3)(ii)  
LSC  
Correction  
Completed 03/24/2011 |
| ID Prefix F0309  
Reg. # 483.25  
LSC  
Correction  
Completed 03/24/2011 | ID Prefix F0322  
Reg. # 483.25(a)(2)  
LSC  
Correction  
Completed 03/24/2011 | ID Prefix F0323  
Reg. # 483.25(h)  
LSC  
Correction  
Completed 03/24/2011 |
| ID Prefix F0333  
Reg. # 483.25(m)(2)  
LSC  
Correction  
Completed 03/24/2011 | ID Prefix F0371  
Reg. # 483.35(l)  
LSC  
Correction  
Completed 03/24/2011 | ID Prefix F0441  
Reg. # 483.85  
LSC  
Correction  
Completed 03/24/2011 |

Reviewed By: [Signature]
State Agency: [Signature]
Reviewed By: [Signature]
CMS RO: [Signature]
Followup to Survey Completed on: 2/24/2011

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

Form CMS - 2567B (9-92)