State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN1916

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

(Y3) Date of Revisit
7/16/2013

Name of Facility
GREENHILLS HEALTH AND REHABILITATION CENTER

Street Address, City, State, Zip Code
3939 HILLSBORO CIRCLE
NASHVILLE, TN 37215

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>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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<td>1200-8-6-14(2)(a)(iii)</td>
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Reviewed By: Callie Ford
State Agency: Reviewed By: Date: 7/18/13
Reviewed By: Date: 7/16/13

Signature of Surveyor: Signature of Surveyor:

Followup to Survey Completed on: 6/3/2013

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