State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN2204

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
2/3/2010

Street Address, City, State, Zip Code
901 N CHARLOTTE
DICKSON, TN 37055

Name of Facility
DICKSON HEALTHCARE CENTER

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).

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Reviewed By
State Agency viewed by
CMS RO
Follow up to Survey Completed on:
11/18/2009

Reviewed By
Reviewed By
Date:
2/4/2010

Signature of Surveyor:
Hannah Vicles
Date:
2/4/2010

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