State Form: Revisit Report

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

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

(Y3) Date of Revisit
4/28/2014

Name of Facility
DICKSON HEALTH AND REHAB

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

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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<th>(Y4) Item</th>
<th>(Y5) Date</th>
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Reviewed By:
State Agency:
Reviewed By:
Reviewed By:
Reviewed By:

Followup to Survey Completed on: 3/24/2014

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

Signature of Surveyor: Date: 4/28/14
Signature of Surveyor: Date: 4/28/14
Signature of Surveyor: Date: 4/28/14
Signature of Surveyor: Date: 4/28/14

Event ID: ZJWWR22

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