**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 26864, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
445446

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
3/27/2014

Name of Facility  
DYERSBURG NURSING AND REHABILITATION, INC

Street Address, City, State, Zip Code  
1900 PARR AVENUE  
DYERSBURG, TN 38024

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-2587, 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-2587 (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>
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</table>
| ID Prefix F0241  
Reg. # 483.15(a) LSC  
Correction Completed 03/26/2014 | Correction Completed 03/26/2014 | ID Prefix F0279  
Reg. # 483.20(d), 483.20(k)(1) LSC | Correction Completed 03/25/2014 | ID Prefix F0282  
Reg. # 483.20(k)(3)(ii) LSC | Correction Completed 03/19/2014 |
| ID Prefix F0322  
Reg. # 483.25(g)(2) LSC  
Correction Completed 03/26/2014 | Correction Completed 03/15/2014 | ID Prefix F0356  
Reg. # 483.30(e) LSC | Correction Completed 03/20/2014 | ID Prefix F0431  
Reg. # 483.38(b), (d), (e) LSC  
Correction Completed 03/20/2014 | Correction Completed 03/15/2014 |
| ID Prefix F0456  
Reg. # 483.70(h) LSC  
Correction Completed 03/26/2014 | Correction Completed 03/26/2014 | ID Prefix  
Reg. # LSC | Correction Completed 03/26/2014 | ID Prefix  
Reg. # LSC | Correction Completed |

Reviewed By  
State Agency  
Reviewed By  
Reviewed By CMS RO

Reviewed By  
Date: 3/27/14

Signature of Surveyor:  
Date: 3/27/14

Followup to Survey Completed on:  
2/26/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) Sent to the Facility? YES NO