### 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 the 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 26604, Baltimore, MD 21220, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

#### (Y1) Provider / Supplier / CLIA / Identification Number
445119

#### (Y2) Multiple Construction
A. Building  
B. Wing

#### (Y3) Date of Revisit
12/19/2013

#### Name of Facility
NHC HEALTHCARE, SOMERVILLE

#### Street Address, City, State, Zip Code
308 LAKE DRIVE, PO BOX 550  
SOMERVILLE, TN 38068

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 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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<th>(Y4) Item</th>
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</thead>
</table>
| ID Prefix F0241  
Reg. # 483.15(a) LSC  
Correction Completed 10/18/2013 | ID Prefix F0249  
Reg. # 483.15(f)(2) LSC  
Correction Completed 10/18/2013 | ID Prefix F0253  
Reg. # 483.15(h)(2) LSC  
Correction Completed 10/18/2013 |
| ID Prefix F0280  
Reg. # 483.20(d)(3), 483.10(k)(2) LSC  
Correction Completed 10/18/2013 | ID Prefix F0282  
Reg. # 483.20(k)(3)(ii) LSC  
Correction Completed 10/18/2013 | ID Prefix F0309  
Reg. # 483.25 LSC  
Correction Completed 10/18/2013 |
| ID Prefix F0315  
Reg. # 483.25(d) LSC  
Correction Completed 10/18/2013 | ID Prefix F0318  
Reg. # 483.25(e)(2) LSC  
Correction Completed 10/18/2013 | ID Prefix F0371  
Reg. # 483.35(l) LSC  
Correction Completed 10/18/2013 |
| ID Prefix F0431  
Reg. # 483.50(b), (d), (e) LSC  
Correction Completed 10/18/2013 | ID Prefix Reg. # LSC  
Correction Completed | ID Prefix Reg. # LSC  
Correction Completed |
| ID Prefix LSC  
Correction Completed | ID Prefix Reg. # LSC  
Correction Completed | ID Prefix Reg. # LSC  
Correction Completed |

Reviewed By:  
State Agency:  
Reviewed By:  
Date:  
Signature of Surveyor:  
Date:  
Signature of Surveyor:  

Followup to Survey Completed on:  
Date:  
Signature of Surveyor:  
Date:  
Signature of Surveyor:  

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