State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN2403

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
5/18/2012

Name of Facility
GALLAWAY HEALTH AND REHAB

Street Address, City, State, Zip Code
435 OLD BROWNSVILLE RD
GALLAWAY, TN 38036

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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<th>(Y4) Item</th>
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Reviewed By ✓ Reviewed By Date: 5/18/2012
State Agency
Reviewed By Date:
CMS RO
Reviewed By Date: 5/19/2012

Followup to Survey Completed on: 4/19/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? YES

Signature of Surveyor:
Date:
Event ID: 0VG312