State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number: TN2706
(Y2) Multiple Construction
A. Building 77 - LICENSURE
R. Wing
(Y3) Date of Revisit: 12/6/2012

Name of Facility: MILAN HEALTH CARE CENTER
Street Address, City, State, Zip Code: 8050 STINSON ROAD MILAN, TN 38358

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 codes previously shown on the State Survey Report (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>
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<tr>
<td>ID Prefix N0848 Reg. # 1200-8-6-08 (18) LSC</td>
<td>Correction Completed 11/05/2012</td>
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Reviewed By: State Agency
Reviewed By: CMS RO
Reviewed By: 11/5/2012
Followup to Survey Completed on:

Signature of Surveyor:
Date:

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

STATE FORM: REVISIT REPORT (9/99) Page 1 of 1 Event ID: NBP322