State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN2802

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

(Y3) Date of Revisit
7/27/2012

Name of Facility
MEADOWBROOK NURSING CENTER

Street Address, City, State, Zip Code
1245 E COLLEGE ST
PULASKI, TN 38478

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>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y6) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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Reviewed By
State Agency
Reviewed By
Reviewed By
CMS RO

Followup to Survey Completed on: 6/18/2012

Date: 6/18/2012
Signature of Surveyor: [Signature]
Date: 7/27/12
Signature of Surveyor: [Signature]

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

STATE FORM: VISIT REPORT (5/99) Page 1 of 1 Event ID: 82CGQ22