State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN3502

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/11/2010

Name of Facility
PLEASANT VIEW HEALTH CARE CENTER

Street Address, City, State, Zip Code
214 NORTH WATER STREET
BOLIVAR, TN 38008

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>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correction Completed</td>
<td>ID Prefix N0769</td>
<td>Correction Completed</td>
<td>Reg. # 1200-8-5-09(9)(f)</td>
<td>ID Prefix</td>
<td>Reg. #</td>
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<tr>
<td>LSC</td>
<td>Correction Completed</td>
<td>LSC</td>
<td>Correction Completed</td>
<td>LSC</td>
<td>Correction Completed</td>
</tr>
</tbody>
</table>

Reviewed By
State Agency
Reviewed By
CMS RO

Followup to Survey Completed on: 7/8/2010
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? YES NO

Signature of Surveyor: [Signature]
Date: 8/11/2010

Event ID: E2C412