Department of Health and Human Services  
Centers for Medicare & Medicaid Services  

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 2664, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number: 44E166 
(Y2) Multiple Construction: 
A. Building 
B. Wing 
(Y3) Date of Revisit: 6/22/2011

Name of Facility: HARDIN HOME 
Street Address, City, State, Zip Code: 1620 WAYNE ROAD, PO BOX 688 
SAVANNAH, TN 38372

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>
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<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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| ID Prefix: F0176 
Reg. # 463.10(c) LSC | Correction Completed 06/21/2011 | ID Prefix: F0362 
Reg. # 483.35(b) LSC | Correction Completed 06/21/2011 | ID Prefix: F0431 
Reg. # 483.66(b), (d), (e) LSC | Correction Completed 06/21/2011 |
| ID Prefix: F0441 
Reg. # 483.65 LSC | Correction Completed 06/21/2011 | ID Prefix: F0514 
Reg. # 483.76(1)(1) LSC | Correction Completed 06/21/2011 | ID Prefix: 
Reg. # LSC | Correction Completed 06/21/2011 |
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Reg. # LSC | Correction Completed |

Reviewed By: [Signature] 
Reviewed By: [Signature] 
State Agency: 
Reviewed By: [Signature] 
CMS RC: 
Followup to Survey Completed on: 5/17/2011 
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Form CMS-2567B (9-02)  
Page 1 of 1  
Event ID: MARU12