Post-Certification Revisit Report

Name of Facility
HARDIN HOME

Street Address, City, State, Zip Code
1620 WAYNE ROAD, PO BOX 668
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 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).

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Reviewed By: State Agency
Reviewed By: CMS RO

Followup to Survey Completed on: 5/16/2011

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