## State Form: Revisit Report

**Provider / Supplier / CLIA / Identification Number:**
TN 4601

**Name of Facility:**
REELFOOT MANOR HEALTH AND REHAB

**Street Address, City, State, Zip Code:**
1034 REELFOOT DRIVE
TIPTONVILLE, TN 38079

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>(Y6) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reg. # 1200-8-6 LSC</td>
<td>Correction Completed</td>
<td>Reg. # 1200-8-6-06(3)(k) LSC</td>
<td>Correction Completed</td>
<td>Reg. # 1200-8-6-06(9)(i) LSC</td>
<td>Correction Completed</td>
<td></td>
</tr>
</tbody>
</table>

**Reviewed By:**
State Agency: Reviewed By
Date: 10/17/13
Signature of Surveyor: Paige Pett

**Followup to Survey Completed on:**
Date: 10/17/2013
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES**

**Event ID:** WISN12