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 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 26684, 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  
445354

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
7/30/2012

Name of Facility  
LAUDERDALE COMM LIVING CTR  
Street Address, City, State, Zip Code  
215 LACKEY LANE  
RIPLEY, TN 38063

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>
<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>
</table>
| ID Prefix F0159  
Reg. # 483.10(c)(2)-(5)  
LSC  
Correction Completed 06/29/2012 |  | ID Prefix F0263  
Reg. # 483.15(h)(2)  
LSC  
Correction Completed 05/29/2012 |  | ID Prefix F0278  
Reg. # 483.20(a)-(i)  
LSC  
Correction Completed 05/29/2012 |  |
| ID Prefix F0282  
Reg. # 483.20(k)(3)(ii)  
LSC  
Correction Completed 06/29/2012 |  | ID Prefix F0333  
Reg. # 483.25(m)(2)  
LSC  
Correction Completed 06/29/2012 |  | ID Prefix F0371  
Reg. # 483.35(i)  
LSC  
Correction Completed 06/29/2012 |  |
| ID Prefix F0372  
Reg. # 483.35(i)(3)  
LSC  
Correction Completed 06/29/2012 |  | ID Prefix F0441  
Reg. # 483.65  
LSC  
Correction Completed 06/29/2012 |  | ID Prefix F0456  
Reg. # 483.70(c)(2)  
LSC  
Correction Completed 06/29/2012 |  |
| ID Prefix F0463  
Reg. # 483.70(f)  
LSC  
Correction Completed 07/26/2012 |  | ID Prefix  
Reg. #  
LSC  
Correction Completed |  | ID Prefix  
Reg. #  
LSC  
Correction Completed |  |
| ID Prefix  
Reg. #  
LSC  
Correction Completed |  | ID Prefix  
Reg. #  
LSC  
Correction Completed |  | ID Prefix  
Reg. #  
LSC  
Correction Completed |  |

Reviewed By  
State Agency  
Signature of Surveyor:  
Date: 6/28/2012

Reviewed By  
CMS RO  
Follow up to Survey Completed on:  
6/7/2012

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

Form CMS - 2567B (9-92)  
Page 1 of 1

Event ID: 2THS12