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 20584, 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
4545180

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
1/2/2014

Name of Facility
NHC HEALTHCARE, LAWRENCEBURG

Street Address, City, State, Zip Code
374 BRINK ST PO BOX 906
LAWRENCEBURG, TN 38464

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-2557, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully described using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2557 (prefix codes shown to the left of each requirement on the survey report form).

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Reviewed By: Reviewed By: Date: Signature of Surveyor: Date:
State Agency: Reviewed By: Date: Signature of Surveyor: Date:
CMS RO: Reviewed By: Date: Signature of Surveyor: Date:

Form CMS - 2557B (9-92) Page 1 of 2 Event ID: W19612
Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number
445180

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
1/2/2014

Name of Facility
NHC HEALTHCARE, LAWRENCEBURG

Street Address, City, State, Zip Code
374 BRINK ST PO BOX 906
LAWRENCEBURG, TN 38464

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(Y4) Item
ID Prefix F0514
Reg. # 483.75(II)(1)
LSC

(Y5) Date
Correction
Completed 12/21/2013

Reviewed By
State Agency
Reviewed By
CMS RO
Followup to Survey Completed on:
11/21/2013

Date:
11/21/2013

Signature of Surveyor:

Date:
1/2/2014

Signature of Surveyor:

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