State Form: Revisit Report

Name of Facility
NHC HEALTHCARE, LEWISBURG
1653 MOORESVILLE HIGHWAY
LEWISBURG, TN 37091

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/ 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).

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<td>Correction Completed 06/25/2012</td>
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Reviewed By: 
Reviewed By: 
State Agency: 
Review By: 
CMS RO: 
Followup to Survey Completed on: 6/13/2012

Signature of Surveyor:
Date: 7/14/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2667) Sent to the Facility? YES NO

STATE FORM: REVISIT REPORT (5/59) Page 1 of 1 Event ID: FQMT12