State Form: Revisit Report

Provider / Supplier / CLIA / Identification Number: TNS902

Multiple Construction
A. Building
B. Wing

01 - MAIN BUILDING 01

Date of Revisit: 4/29/2009

Name of Facility: NHC HEALTHCARE, OAKWOOD

Street Address, City, State, Zip Code: 244 OAKWOOD DR
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 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>(Y4) Item</th>
<th>(Y5) Date</th>
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<th>(Y5) Date</th>
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<td>ID Prefix</td>
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Reviewed By: [Signature of Surveyor: Jan Padday] Date: 4/29/09
State Agency Reviewed By: [Signature of Surveyor: Jan Padday] Date: 4/29/09

Followup to Survey Completed on: 4/7/2009
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO