### State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number  
TN6001

(Y2) Multiple Construction  
A. Building  
B. Wing  
02 - STATE BUILDING

(Y3) Date of Revisit  
11/26/2013

Name of Facility  
LIFE CARE CENTER OF COLUMBIA

Street Address, City, State, Zip Code  
841 W. JAMES CAMPBELL BLVD.  
COLUMBIA, TN 38401

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>
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<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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Reviewed By  
State Agency  
Reviewed By  
CMS RO  
Follow up to Survey Completed on:  
10/21/2013  

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) Sent to the Facility?  
YES  
NO

Signature of Surveyor:  
Date:  

Signature of Surveyor:  
Date:  

STATE FORM: REVISIT REPORT (6/99)  
Page 1 of 1  
Event ID: X92Q22