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 21224 and to the Office of Management and Budget, Paperwork Reduction Project (0938-0360), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number
4455574

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/16/2013

Name of Facility
MT PLEASANT HEALTHCARE AND REHABILITATION

Street Address, City, State, Zip Code
904 HIDDEN ACRES DR
MOUNT PLEASANT, TN 38474

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>
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<tbody>
<tr>
<td>ID Prefix F0278</td>
<td>Correction Completed 07/23/2013</td>
<td>ID Prefix F0279</td>
<td>Correction Completed 07/23/2013</td>
<td>ID Prefix F0280</td>
<td>Correction Completed 07/23/2013</td>
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<tr>
<td>Reg. # 483.20(q) - (l) LSC</td>
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<td>Reg. # 483.20(d), 483.20(k)(1) LSC</td>
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<td>Reg. # 483.20(d)(3), 483.10(k)(2) LSC</td>
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| ID Prefix F0309 | Correction Completed 07/23/2013 | ID Prefix F0310 | Correction Completed 07/23/2013 | ID Prefix | Correction Completed 07/23/2013 |
| Reg. # 483.25 LSC | | Reg. # 483.25(e)(2) LSC | | Reg. # LSC |

| ID Prefix | Correction Completed | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # | LSC | | Reg. # | LSC | |

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| ID Prefix | Correction Completed | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # | LSC | | Reg. # | LSC | |

Reviewed By
State Agency
Reviewed By
Reviewed By
CMS RO
Followup to Survey Completed on: 7/10/2013

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

Reviewed By
Date: 8/22/13

Signature of Surveyor:
L.N.

Date: 8/22/13

Signature of Surveyor:
L.N.

Date: 8/22/13

Form CMS - 2567B (9-92)