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 26884, 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
445398

(Y2) Multiple Construction
A. Building
B. Wing
01 - MAIN BUILDING 01

(Y3) Date of Revisit
4/6/2011

Name of Facility
MAURY REGIONAL HOSPITAL SNU

Street Address, City, State, Zip Code
1224 TROTWOOD AVE
COLUMBIA, TN 38401

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 such requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y5) Item</th>
<th>(Y5) Date</th>
<th>(Y5) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 02/22/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 02/08/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 02/08/2011</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0011</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0029</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0048</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 03/17/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 02/16/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 02/09/2011</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0050</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0052</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0052</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 02/07/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 02/09/2011</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0076</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0147</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed By: J
State Agency:
Reviewed By: YY
CMS RO

Follow up to Survey Completed on: 27/2011

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

Date: 4/6/2011

Signature of Surveyor:

Date: 27/2011

Signature of Surveyor:

Date: 27/2011

Form CMS - 2567B (9-92) Page 1 of 1

Event ID: 2EK522