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 the 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 205094, 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
MAURY REGIONAL HOSPITAL SNU
445398

(Y2) Multiple Construction
A. Building
B. Wing

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

(Y3) Date of Revisit
5/21/2012

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments programs, 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) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>F0156</td>
<td>Correction</td>
<td>F0272</td>
<td>Correction</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>F0329</td>
<td>Completed</td>
<td>F0614</td>
<td>Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>483.10(d)(5) - (10), 483.10(f)</td>
<td>05/21/2012</td>
<td>Reg. #</td>
<td>483.20(d), 483.20(k)(11)</td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td>Correction</td>
<td>LSC</td>
<td>Correction</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>F0146</td>
<td>Completed</td>
<td>F0614</td>
<td>Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>483.25()</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td>Correction</td>
<td>LSC</td>
<td>Correction</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>F0146</td>
<td>Correction</td>
<td>F0614</td>
<td>Correction</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Completed</td>
<td>LSC</td>
<td>Completed</td>
</tr>
</tbody>
</table>

Reviewed By
Date: 5/24/2012
Signature of Surveyor: 
State Agency Reviewed By: 
 Reviewed By:
Date: 5/24/2012
Signature of Surveyor: 
Followup to Survey Completed on:
4/25/2012
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?
YES NO

Form CMS - 2567B (9-92)