State Form: Revisit Report

Provider / Supplier / CLIA / Identification Number: TN6005

Multiple Construction
A. Building
B. Wing

Date of Revisit: 7/13/2011

Name of Facility
NHC HEALTHCARE, COLUMBIA

Street Address, City, State, Zip Code
101 WALNUT LANE
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).

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<th>(Y4) Item</th>
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Reviewed By
State Agency
Reviewed By
CMS RO

Followup to Survey Completed on: 6/15/2011

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

Signature of Surveyor: Date: 7/13/2011

Signature of Surveyor: Date: 7/13/2011

Event ID: HH7Y12