# State Form: Revisit Report

**Provider / Supplier / CLIA / Identification Number**

TN6007

**Multiple Construction**

A. Building  
B. Wing

**Date of Revisit**

4/19/2010

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**Name of Facility**

ASHTON PLACE HEALTH & REHAB CENTER

**Street Address, City, State, Zip Code**

3030 WALNUT GROVE RD  
MEMPHIS, TN 38111

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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>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
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<th>(Y4) Item</th>
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</tr>
</thead>
</table>
| ID Prefix: N0767  
Reg. #: 1200-8-6-06(9)(l)  
LSC: | Correction  
Completed 04/01/2010 | ID Prefix: N0769  
Reg. #: 1200-8-6-06(9)(l)  
LSC: | Correction  
Completed 04/01/2010 | ID Prefix: N1142  
Reg. #: 1200-8-6-11(2)(l)  
LSC: | Correction  
Completed 04/01/2010 |
| ID Prefix:  
Reg. #:  
LSC: | Correction  
Completed | ID Prefix:  
Reg. #:  
LSC: | Correction  
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LSC: | Correction  
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Reg. #:  
LSC: | Correction  
Completed |

Reviewed By:  
Reviewed By:  
Date: 4/19/10  
Signature of Surveyor:  
Date: 4/19/10

Reviewed By:  
Reviewed By:  
Date:  
Signature of Surveyor:  
Date:  

Followup to Survey Completed on: 3/3/2010  
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) sent to the Facility?  
YES NO

**STATE FORM: REVISIT REPORT (5/99)**