### 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 26804, Baltimore, MD 21224; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

**Name of Facility**
GOLDEN LIVINGCENTER - SPRINGFIELD
104 WATSON ROAD
SPRINGFIELD, TN 37172

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).

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Reviewed By: [Name]
Reviewed By: [Name]
Reviewed By: CMS RO

Reviewed By: [Name]
Reviewed By: [Name]
Reviewed By: CMS RO

Signature of Surveyor: [Signature]
Date: 12/13/13

Signature of Surveyor: [Signature]
Date: [Date]

Reviewed By: [Name]
Reviewed By: [Name]
Reviewed By: CMS RO

Reviewed By: [Name]
Reviewed By: [Name]
Reviewed By: CMS RO

Signature of Surveyor: [Signature]
Date: [Date]

Reviewed By: [Name]
Reviewed By: [Name]
Reviewed By: CMS RO

Reviewed By: [Name]
Reviewed By: [Name]
Reviewed By: CMS RO

Signature of Surveyor: [Signature]
Date: [Date]
**Post-Certification Revisit Report**

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(Y1) Provider / Supplier / CLIA / Identification Number

445137

(Y2) Multiple Construction

A. Building
B. Wing

(Y3) Date of Revisit

11/27/2013

Name of Facility

GOLDEN LIVINGCENTER - SPRINGFIELD

Street Address, City, State, Zip Code

104 WATSON ROAD
SPRINGFIELD, TN 37172

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-2587, 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-2587 (prefix codes shown to the left of each requirement on the survey report form).

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Reviewed By

State Agency

Reviewed By

Reviewed By

CMS RO

Reviewed By

Followup to Survey Completed on:

9/26/2013

Signature of Surveyor:

Date: 12/3/13

Signature of Surveyor:

Date:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2597) Sent to the Facility?

YES

NO

Form CMS - 2587B (9-92)