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 this burden, to CMS, Office of Financial Management, P.O. Box 28554, Baltimore, MD 21207, 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-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: ☑️ Reviewed By: ☑️ Date: 8/1/2012
State Agency: Reviewed By: Date: 8/1/2012
CMS RO: Reviewed By: Date: 8/1/2012

Signature of Surveyor: Date: 8/1/2012

Event ID: K59012

Form CMS - 2567B (9-92) Page 1 of 2
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
8/2/2012

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-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
State Agency
Reviewed By
CMS RO
Followup to Survey Completed on: 6/27/2012

Reviewed By
Date: 8/2/12
Signature of Surveyor:
Date: 8/2/12

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