**State Form: Revisit Report**

**Provider / Supplier / CLIA / Identification Number**
TN6801

**Multiple Construction**
A. Building
B. Wing

**01 - MAIN BUILDING 01**

**Date of Revisit**
1/29/2010

**Name of Facility**
PERRY COUNTY NURSING HOME

**Street Address, City, State, Zip Code**
127 E BROOKLYN AVENUE
LINDEN, TN 37096

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the data 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>
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<td>Reg. #</td>
<td>LSC</td>
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**Reviewed By:**
- State Agency: [signature] 2/10/2010
- CMS RO: [signature] 11/30/2009

**Followup to Survey Completed on:**
11/30/2009

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2597) Sent to the Facility? **YES NO**

**Signature of Surveyor:**
Ricky Bone
**Date:** 1/29/2010

**Event ID:** IHUJ23