State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number: TN7901

(Y2) Multiple Construction
   A. Building
   B. Wing

(Y3) Date of Revisit: 7/7/2009

Name of Facility: ALLEN MORGAN HEALTH AND REHABILITATION CENTER

Street Address, City, State, Zip Code: 177 NORTH HIGHLAND
                                           MEMPHIS, TN 38111

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>
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<th>(Y5) Date</th>
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<td>Reg. # 1200-8-6-08(9)i</td>
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Reviewed By: [Signature]  
State Agency viewed by: [Signature]  
CMS RO Followup to Survey Completed on: 6/17/2009

Signature of Surveyor: [Signature]  
Date: 7/7/09  
Event ID: Z02912