State Form: Revisit Report

Name of Facility
GRACE HEALTHCARE OF CORDOVA

Street Address, City, State, Zip Code
955 GERMANTOWN PKWY
CORDOVA, TN 38018

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).

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Reviewed By
State Agency
Reviewed By
CMS RO
Reviewed By
Follow up to Survey Completed on: 4/12/2010

Signature of Surveyor:  
Signature of Surveyor:  
Signature of Surveyor:

Date:

Date:

Date:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? YES NO

STATE FORM: REVISIT REPORT (8/99)