State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number:
TN7909

(Y2) Multiple Construction:
A. Building
B. Wing

(Y3) Date of Revisit:
9/7/2010

Name of Facility:
GRACELAND NURSING CENTER

Street Address, City, State, Zip Code:
1250 FARROW ROAD
MEMPHIS, TN 38116

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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Reviewed By:
State Agency: [Signature]
Date: 9/7/10

Reviewed By:
CMS RO: [Signature]
Date: 9/7/10

Followup to Survey Completed on: 8/4/2010

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

STATE FORM: REVISIT REPORT (5/99)