Department of Health and Human Services  
Centers for Medicare & Medicaid Services  

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 the burden, to CMS, Office of Financial Management, P.O. Box 26984, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0939-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
446331

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
12/5/2011

Name of Facility  
GRACELAND NURSING CENTER

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

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-2557, 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-2557 (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  
Date: 12/1/11  
Signature of Surveyor: Jan Priag  
Date: 12/1/11

Form CMS - 2557B (9-92)  
Page 1 of 2  
Event ID: OB9812
Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number
445331

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/5/2011

Name of Facility
GRACELAND NURSING CENTER

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

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Reviewed By

Reviewed By

Reviewed By

Reviewed By

State Agency

Reviewed By

Reviewed By

CMS RO

Followup to Survey Completed on:
11/1/2011

Signature of Surveyor:

Date:
11/5/2011

Date:

Signature of Surveyor:

Date:

Date:

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

Form CMS - 2567D (9-92)
Page 2 of 2
Event ID: OB38612