## State Form: Revisit Report

### (Y1) Provider / Supplier / CLIA / Identification Number
TN7918

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

### (Y3) Date of Revisit
12/10/2012

#### Name of Facility
PARKWAY HEALTH AND REHABILITATION CENTER

#### Street Address, City, State, Zip Code
200 SOUTH PARKWAY WEST
MEMPHIS, TN 38109

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>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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<td>ID Prefix N1216</td>
<td>Correction Completed 11/12/2012</td>
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</table>

Reviewed By:  
State Agency:  
Reviewed By:  
Reviewed By:  
CMS RO:  

Followup to Survey Completed on: 11/8/2012

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

Signature of Surveyor:  
Date: 12/13/12

STATE FORM: REVISIT REPORT (5/99)