State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN7934

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/3/2013

Name of Facility
APPLINGWOOD HEALTH CARE CENTER

Street Address, City, State, Zip Code
1536 APPLING CARE LANE
CODOVA, 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).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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<th>(Y5) Date</th>
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<tbody>
<tr>
<td>ID Prefix N0727</td>
<td>Correction Completed 03/15/2013</td>
<td>ID Prefix N0767</td>
<td>Correction Completed 03/15/2013</td>
<td>ID Prefix LSC</td>
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</tr>
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Reviewed By: 

Reviewed By: 

Date: 4/4/13

Signature of Surveyor:

Date: 4/3/13

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

Followup to Survey Completed on: 2/28/2013

STATE FORM: REVISIT REPORT (5/99)