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 26584, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0090), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
445411  

(Y2) Multiple Construction  
A. Building  
B. Wing  
01 - MAIN BUILDING 01  

(Y3) Date of Revisit  
4/3/2013  

Name of Facility  
APPLINGWOOD HEALTH CARE CENTER  

Street Address, City, State, Zip Code  
1535 APPLING CARE LANE  
CORDOVA, TN 38018  

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-2567, 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-2567 (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Item</th>
<th>Date</th>
<th>Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 03/15/2013</td>
<td>ID Prefix</td>
<td>Correction Completed 04/03/2013</td>
<td>ID Prefix</td>
<td>Correction Completed 02/26/2013</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0018</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0052</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0072</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 03/15/2013</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td></td>
<td>ID Prefix</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0104</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td></td>
<td>ID Prefix</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td></td>
<td>ID Prefix</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td></td>
<td>ID Prefix</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed By:  

Date: 4/4/13  
Signature of Surveyor:  

Date: 4/8/13  
Signature of Surveyor:  

Followup to Survey Completed on: 2/26/2013  

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

Form CMS - 2667B (9-92)  
Page 1 of 1  
Event ID: WQ6C22