State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN7935

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

(Y3) Date of Revisit
5/1/2013

Name of Facility
BRIGHT GLADE HEALTH AND REHABILITATION CENTER INC

Street Address, City, State, Zip Code
5070 SANDERLIN AVENUE
MEMPHIS, TN 38117

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>
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<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>Correction Completed 04/15/2013</td>
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<td>ID Prefix Reg. # LSC</td>
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Reviewed By: State Agency: Reviewed By: CMS RO

Followup to Survey Completed on: 4/1/2013

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

Event ID: WWCD22

Signature of Surveyor: Sherry Trinidat 5/1/13