**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 the needed data, 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 20584, Baltimore, MD 21202; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number

445485

(Y2) Multiple Construction

A. Building
B. Wing

(Y3) Date of Revisit

8/23/2011

Name of Facility

DOVE HEALTH & REHAB OF COLLIERVILLE, LLC

Street Address, City, State, Zip Code

490 WEST POPLAR AVENUE
COLLIERVILLE, TN 38017

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).

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Reviewed By

State Agency

Reviewed By

CMS RO

Followup to Survey Completed on:

7/27/2011

Date: 6/23/11

Signature of Surveyor: 

Date: 8/23/11

Signature of Surveyor:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO