State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN8303

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/27/2012

Name of Facility
GALLATIN HEALTH CARE CENTER, LLC

Street Address, City, State, Zip Code
438 NORTH WATER AVE
GALLATIN, TN 37066

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).

(Y4) Item
ID Prefix N1078
Reg. # 1200-8-6-06(9)(1)
LSC

(Y6) Date
Correction Completed 06/07/2012

(Y4) Item
ID Prefix N1216
Reg. # 1200-8-6-12(1)(a)
LSC

(Y5) Date
Correction Completed 06/07/2012

(Y4) Item
ID Prefix
Reg. # LSC

(Y5) Date
Correction Completed

Review by
State Agency
Reviewed by
CMS RO
Followup to Survey Completed on:
5/23/2012

Reviewed By

Reviewed By

Signature of Surveyor:

Signature of Surveyor:

Date:
6/27/12

Date:
6/27/12

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

STATE FORM: VISIT REPORT (5/99) Page 1 of 1 Event ID: RQY812