Post-Certification Revisit Report

Department of Health and Human Services
Centers for Medicare & Medicaid Services

(Y1) Provider / Supplier / CLIA / Identification Number
(Y2) Multiple Construction
A. Building
B. Wing
(Y3) Date of Revisit
6/3/2013

Name of Facility
Crestview Health and Rehabilitation
2030 25th Ave N
Nashville, TN 37208

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 of LSC provider 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).

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix F0272</td>
<td>Correction Completed 05/01/2013</td>
<td>ID Prefix F0309</td>
<td>Correction Completed 06/01/2013</td>
<td>ID Prefix F0505</td>
<td>Correction Completed 06/01/2013</td>
</tr>
<tr>
<td>Reg. # 483.20(b)(1) LSC</td>
<td></td>
<td>Reg. # 483.25 LSC</td>
<td></td>
<td>Reg. # 483.75(i)(2)(iii) LSC</td>
<td></td>
</tr>
</tbody>
</table>

- Correction Completed
- ID Prefix
- Reg. # LSC

Reviewed By
Date: 6/13/12
Signature of Surveyor: [Signature]

Reviewed By
Date: 6/13/12
Signature of Surveyor: [Signature]

Followup to Survey Completed on: 5/14/2013

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

Form CMS - 2567B (9-92)
Page 1 of 1
Event ID: ZXOE12