State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN1908

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
2/24/2012

Name of Facility
CUMBERLAND MANOR NURSING CENTER

Street Address, City, State, Zip Code
4343 ASHLAND CITY HWY
NASHVILLE, TN 37218

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).

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<tr>
<th>(Y4) Item</th>
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Reviewed By
State Agency
Reviewed By
Reviewed By
CMS RO
Followup to Survey Completed on: 1/25/2012

Date: 2/24/12
Signature of Surveyor: JH

Date: 2/24/12
Signature of Surveyor: JH

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

Event ID: EBN12

STATE FORM: REVISIT REPORT (5/99)