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 data needed, 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 20084, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number
445507

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/20/2013

Name of Facility
LIFE CARE CENTER OF HICKORY WOODS

Street Address, City, State, Zip Code
4200 MURFREESBORO PIKE
ANTIOCH, TN 37013

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).

<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</td>
<td>F0282</td>
<td>Correction</td>
<td>Completed</td>
<td>ID Prefix</td>
<td>F0309</td>
</tr>
<tr>
<td>Reg. #</td>
<td>483.20(k)(3)(ii)</td>
<td>LSC</td>
<td>12/20/2013</td>
<td>Reg. #</td>
<td>483.25</td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>ID Prefix</td>
<td></td>
</tr>
<tr>
<td>Reg. #</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>Reg. #</td>
<td></td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>ID Prefix</td>
<td></td>
</tr>
<tr>
<td>Reg. #</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>Reg. #</td>
<td></td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td>Correction</td>
<td>Completed</td>
<td>LSC</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed By
State Agency
Reviewed By
Reviewed By
CMS RO
Reviewed By
Reviewed By

Date: 12/20/2013

Signature of Surveyor: [Signature]
Date: 12/20/2013

Followup to Survey Completed on:
11/21/2013

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

Form CMS - 2567B (9-92)