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 collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26804, Baltimore, MD 21227, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number
445381

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
2/14/2012

Name of Facility
UNION CITY MANOR

Street Address, City, State, Zip Code
1630 E REELFOOT AVE
UNION CITY, TN 38261

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 form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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<tbody>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 01/31/2012</td>
<td>ID Prefix</td>
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<tr>
<td>Reg. # 483.10(b)(11)</td>
<td>LSC</td>
<td>Reg. # LSC</td>
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Reviewed By

State Agency
Reviewed By

CMS RO
Followup to Survey Completed on:
1/19/2012

Reviewed By

Date:
2/14/12

Signature of Surveyor:
Lawanda Taylor

Date:
2/14/12

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