**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 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 25584, 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

445428

(Y2) Multiple Construction

A. Building
B. Wing

(Y3) Date of Revisit

3/28/2012

Name of Facility

HARBOR VIEW NURSING AND REHABILITATION CENTER, INC.

Street Address, City, State, Zip Code

1513 N 2ND STREET
MEMPHIS, TN 38107

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or CLIA to show 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 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).

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Reviewed By

State Agency

Reviewed By

Reviewed By

CMS RO

Follow Up to Survey Completed on:

3/12/2012

Signature of Surveyor: JPD PHNL

Date: 3/28/12

Date: 3/28/12

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: 3CFG12