

POST-LICENSURE REVISIT REPORT	LICENSE NUMBER TN2708	DATE OF REVISIT 7/24/13
NAME OF FACILITY Bailey Park CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Mitchell St. Humboldt TN38343	

This report is completed by a qualified State surveyor for the Tennessee Licensure programs, to show those deficiencies previously reported on the Licensure 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 the regulation number previously shown on the Licensure Statement of Deficiencies and Plan of Correction Form. If all deficiencies are not corrected, the surveyor should check the block at the bottom right of this form indicating the need for the completion of the Licensure-E, Summary of Deficiencies Not Corrected.

ITEM	DATE	ITEM	DATE	ITEM	DATE
1200-13-1-.08 (1)	Correction Completed 7/17/13	1200-_____	Correction Completed / /	1200-_____	Correction Completed / /
1200-_____	Correction Completed / /	1200-_____	Correction Completed / /	1200-_____	Correction Completed / /
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1200-_____	Correction Completed / /	1200-_____	Correction Completed / /	1200-_____	Correction Completed / /

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY: (INITIALS) JP	DATE 7/29/13	SIGNATURE OF STATE SURVEYOR JP PHNC2	DATE 7/24/13
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FOLLOWUP TO SURVEY COMPLETED ON 6/20/13	TITLE
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