

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number  
TN2708

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
4/27/2012

Name of Facility

BAILEY PARK CLC

Street Address, City, State, Zip Code

2400 MITCHELL STREET  
HUMBOLDT, TN 38343

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix N0629 Reg. # 1200-8-6-.06(3)(b)8. LSC	Correction Completed 04/27/2012	ID Prefix N0767 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 04/27/2012	ID Prefix	Correction Completed
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
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Reviewed By  
State Agency  
Reviewed By  
CMS RO

✓

Reviewed By  
*JP*  
Reviewed By

Date:  
*5/3/12*  
Date:

Signature of Surveyor:  
*JP PHILLIPS*  
Signature of Surveyor:

Date:  
*4/27/12*  
Date:

Followup to Survey Completed on:  
3/27/2012

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