

State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing
77 - LICENSURE

(Y3) Date of Revisit
12/1/2009

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 N0831 Reg. # 1200-8-6-.08(1) LSC	Correction Completed 11/19/2009	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency
Reviewed By *JP*
Reviewed By
CMS RO

Date: 12/1/09
Date:

Signature of Surveyor:
Ruby Gore
Signature of Surveyor:

Date: 12/1/09
Date:

Followup to Survey Completed on:
11/8/2009

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