

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 26684, 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  
445339

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
12/17/2014

Name of Facility  
BAILEY PARK CLC

Street Address, City, State, Zip Code  
2400 MITCHELL STREET  
HUMBOLDT, TN 38343

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 report form).

| (Y4) Item   | (Y5) Date                          | (Y4) Item                                     | (Y5) Date                          | (Y4) Item   | (Y5) Date                          |
|---|------------------------------------|---|------------------------------------|---|------------------------------------|
| ID Prefix F0241<br>Reg. # 483.15(a)<br>LSC        | Correction Completed<br>12/15/2014 | ID Prefix F0246<br>Reg. # 483.15(e)(1)<br>LSC | Correction Completed<br>12/15/2014 | ID Prefix F0280<br>Reg. # 483.20(d)(3), 483.10(k)(2)<br>LSC | Correction Completed<br>12/15/2014 |
| ID Prefix F0282<br>Reg. # 483.20(k)(3)(ii)<br>LSC | Correction Completed<br>12/15/2014 | ID Prefix F0309<br>Reg. # 483.25<br>LSC       | Correction Completed<br>12/15/2014 | ID Prefix F0371<br>Reg. # 483.35(i)<br>LSC                  | Correction Completed<br>12/15/2014 |
| ID Prefix F0514<br>Reg. # 483.75(l)(1)<br>LSC     | Correction Completed<br>12/15/2014 | ID Prefix<br>Reg. #<br>LSC                    | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                  | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                    | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                  | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                    | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                  | Correction Completed               |

Reviewed By   
State Agency  
Reviewed By  
CMS RO

Reviewed By  
*JP*  
Reviewed By

Date:  
12/15/14  
Date:

Signature of Surveyor:  
*JP PHNU*  
Signature of Surveyor:

Date:  
12/17/14  
Date:

Followup to Survey Completed on:  
12/3/2014

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