

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 445470	(Y2) Multiple Construction A. Building B. Wing 01 - MAIN BUILDING 01	(Y3) Date of Revisit 5/12/2009
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Name of Facility ARBOR PLACE OF PURYEAR	Street Address, City, State, Zip Code 223 W CHESTNUT, PO BOX 306 PURYEAR, TN 38251
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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	Correction Completed 05/12/2009	ID Prefix	Correction Completed 05/12/2009	ID Prefix	Correction Completed 05/12/2009
Reg. # NFPA 101 LSC K0046		Reg. # NFPA 101 LSC K0047		Reg. # NFPA 101 LSC K0050	
ID Prefix	Correction Completed 05/12/2009	ID Prefix	Correction Completed 05/12/2009	ID Prefix	Correction Completed 05/12/2009
Reg. # NFPA 101 LSC K0062		Reg. # NFPA 101 LSC K0064		Reg. # NFPA 101 LSC K0069	
ID Prefix	Correction Completed 05/12/2009	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101 LSC K0144		Reg. #		Reg. #	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By <input checked="" type="checkbox"/>	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	<i>JP</i>	5/12/09	<i>Jan Priddy</i>	5/12/09
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 4/6/2009	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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