

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 445470	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/14/2016	Y3
NAME OF FACILITY BENCHMARK HEALTHCARE OF PURYEAR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 220 COLLEGE STREET PURYEAR, TN 38251		

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	Correction Completed 02/19/2016	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 02/17/2016	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 02/17/2016
ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 02/17/2016	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 02/17/2016	ID Prefix F0333 Reg. # 483.25(m)(2) LSC	Correction Completed 02/17/2016
ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 02/17/2016	ID Prefix F0361 Reg. # 483.35(a) LSC	Correction Completed 02/17/2016	ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 02/17/2016
ID Prefix F0456 Reg. # 483.70(c)(2) LSC	Correction Completed 02/17/2016	ID Prefix F0490 Reg. # 483.75 LSC	Correction Completed 02/17/2016	ID Prefix F0493 Reg. # 483.75(d)(1)-(2) LSC	Correction Completed 02/17/2016
ID Prefix F0499 Reg. # 483.75(g) LSC	Correction Completed 02/18/2016	ID Prefix F0500 Reg. # 483.75(h) LSC	Correction Completed 02/17/2016	ID Prefix F0501 Reg. # 483.75(i) LSC	Correction Completed 02/18/2016
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>SW</i>	DATE <i>6/14/16</i>	SIGNATURE OF SURVEYOR <i>Paula C. Tipton SW</i>		DATE <i>6/14/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	

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ID Prefix F0520	Correction				
Reg. # 483.75(o)(1)	Completed				
LSC	02/19/2016				

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>SW</i>	DATE <i>6/14/16</i>	SIGNATURE OF SURVEYOR <i>Haula C. Tipton/SW</i>	DATE <i>6/14/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/27/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		