

# 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	Correction	ID Prefix F0280	Correction	ID Prefix F0282	Correction
Reg. # 483.20(g) - (j)	Completed	Reg. # 483.20(d)(3), 483.10(k)(2)	Completed	Reg. # 483.20(k)(3)(ii)	Completed
LSC	02/19/2016	LSC	02/17/2016	LSC	02/17/2016
ID Prefix F0309	Correction	ID Prefix F0323	Correction	ID Prefix F0333	Correction
Reg. # 483.25	Completed	Reg. # 483.25(h)	Completed	Reg. # 483.25(m)(2)	Completed
LSC	02/17/2016	LSC	02/17/2016	LSC	02/17/2016
ID Prefix F0353	Correction	ID Prefix F0361	Correction	ID Prefix F0431	Correction
Reg. # 483.30(a)	Completed	Reg. # 483.35(a)	Completed	Reg. # 483.60(b), (d), (e)	Completed
LSC	02/17/2016	LSC	02/17/2016	LSC	02/17/2016
ID Prefix F0456	Correction	ID Prefix F0490	Correction	ID Prefix F0493	Correction
Reg. # 483.70(c)(2)	Completed	Reg. # 483.75	Completed	Reg. # 483.75(d)(1)-(2)	Completed
LSC	02/17/2016	LSC	02/17/2016	LSC	02/25/2016
ID Prefix F0499	Correction	ID Prefix F0500	Correction	ID Prefix F0501	Correction
Reg. # 483.75(g)	Completed	Reg. # 483.75(h)	Completed	Reg. # 483.75(i)	Completed
LSC	02/18/2016	LSC	02/17/2016	LSC	02/18/2016

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>SW</i>	DATE 6-14-16	SIGNATURE OF SURVEYOR <i>Debra C. Sipton PHNCCI</i>	DATE 6/14/16
REVIEWED BY RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	F0520	Correction			
Reg. #	483.75(o)(1)	Completed			
LSC		02/19/2016			

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>JW</i>	DATE 6-14-16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY 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		