

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN4001

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

(Y3) Date of Revisit
8/5/2013

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 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 N0848 Reg. # 1200-8-6-.08 (18) LSC	Correction Completed 08/03/2013	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
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	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Followup to Survey Completed on:
7/1/2013

Date:
Date:

Signature of Surveyor:
Beaig [Signature]
Signature of Surveyor:

Date:
8/8/13
Date:

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