

State Form: Revisit Report

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

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

(Y3) Date of Revisit  
9/26/2011

Name of Facility

ARBOR PLACE 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 N0831 Reg. # 1200-8-6-.08(1) LSC	Correction Completed 09/07/2011	ID Prefix N0901 Reg. # 1200-8-6-.09(1) LSC	Correction Completed 09/21/2011	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 *JP*  
Reviewed By

Date: 9/26/11  
Date:

Signature of Surveyor: *JP PHILLIPS*  
Signature of Surveyor:

Date: 9/26/11  
Date:

Followup to Survey Completed on:  
9/6/2011

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