

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number  
TN7904

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
12/15/2014

Name of Facility

AVE MARIA HOME

Street Address, City, State, Zip Code

2805 CHARLES BRYAN RD  
BARTLETT, TN 38134

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 N0765 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 12/15/2014	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
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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: 12/15/14  
Date:

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

Date: 12/15/14  
Date:

Followup to Survey Completed on:  
11/19/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO