State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number: TN2705

(Y2) Multiple Construction
   A. Building
   B. Wing

(Y3) Date of Revisit: 8/1/2013

Name of Facility: HUMBOLDT NURSING AND REHABILITATION CENTER
Street Address, City, State, Zip Code: 3515 CHERE CAROL RD
HUMBOLDT, TN 38343

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).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y6) Date</th>
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<tbody>
<tr>
<td>ID Prefix</td>
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<td>Reg. # LSC</td>
<td>07/19/2013</td>
<td>Reg. # LSC</td>
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<td>Reg. # LSC</td>
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</tbody>
</table>

Review conducted by the State Agency on 8/11/13. The surveyor reviewed the facility and determined that all required rework has been completed.

Reviewed By: [Signature]
Date: 8/11/13

Followup to Survey Completed on: 7/17/2013

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

Event ID: EJY12