Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 208844, Baltimore, MD 21202; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number
44E446

(Y2) Multiple Construction
A. Building
B. Wing
01 - MAIN BUILDING 01

(Y3) Date of Revisit
1/28/2011

Name of Facility
PARK REST HARDIN COUNTY HEALTH CENTER

Street Address, City, State, Zip Code
85 SHELBY DRIVE, PO BOX 728
SAVANNAH, TN 38372

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-2557, 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-2557 (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 12/30/2010</td>
<td>ID Prefix</td>
<td>Correction Completed 12/30/2010</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # NFPA 101</td>
<td>LSC K0651</td>
<td>Reg. # NFPA 101</td>
<td>LSC K0664</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
</tbody>
</table>

Reviewed By [ ] Reviewed By [ ] Date: 1/31/11 
Reviewed By [ ] Reviewed By [ ] Date: [ ] 
Signature of Surveyor: [ ] Signature of Surveyor: [ ] Date: 1/31/11

Follow-up to Survey Completed on: 12/26/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? [ ] YES [ ] NO

Form CMS - 2557B (9-92) 
Page 1 of 1
Event ID: 162P22