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 26884, Baltimore, MD 21201, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0360), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA /
Identification Number
445489

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

(Y3) Date of Revisit
2/22/2010

Name of Facility
HUMPHREYS CO NURSING HOME

Street Address, City, State, Zip Code
670 HIGHWAY 13 SOUTH
WAVERLY, TN 37186

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-2567, 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-2567 (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 02/19/2010</td>
<td>ID Prefix Correction Completed</td>
<td>ID Prefix Correction Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg. # NFPA 101</td>
<td></td>
<td>Reg. #</td>
<td></td>
<td>Reg. #</td>
<td></td>
</tr>
<tr>
<td>LSC K0058</td>
<td></td>
<td>LSC</td>
<td></td>
<td>LSC</td>
<td></td>
</tr>
</tbody>
</table>

ID Prefix Correction Completed | ID Prefix Correction Completed | ID Prefix Correction Completed
Reg. # | | Reg. # |
LSC | | LSC |

ID Prefix Correction Completed | ID Prefix Correction Completed | ID Prefix Correction Completed
Reg. # | | Reg. # |
LSC | | LSC |

ID Prefix Correction Completed | ID Prefix Correction Completed | ID Prefix Correction Completed
Reg. # | | Reg. # |
LSC | | LSC |

ID Prefix Correction Completed | ID Prefix Correction Completed | ID Prefix Correction Completed
Reg. # | | Reg. # |
LSC | | LSC |

Reviewed By State Agency
Reviewed By
Date: 2/2/2010
Date: 2/2/2010
Signature of Surveyor: Jean Cummings
Signature of Surveyor: Jane Field

Followup to Survey Completed on: 2/3/2010

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

Form CMS - 2567B (9-92)