State Form: Revisit Report

Provider / Supplier / CLIA / ID Number:
TN5602

Multiple Construction:
A. Building:
B. Wing:
03 - STATE BUILDING

Date of Revisit:
2/17/2010

Name of Facility:
THE PALACE

Street Address, City, State, Zip Code:
309 MAIN ST
RED BOILING SPRINGS, TN 37150

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 report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
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<td>ID Prefix</td>
<td>N0832</td>
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Reviewed By:
State Agency:
Reviewed By:
Reviewed By:
MS RO

Date:
2/23/10
Date:

Signature of Surveyor:
Date:
2/17/10
Date:

Followup to Survey Completed on:
1/13/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) sent to the Facility?
YES
NO

STATE FORM: REVISIT REPORT (6/99)